



IV. PREVENTIVE HEALTH OUTREACH, SERVICE, AND EDUCATION PROGRAMS



The Department of Health and Hospitals (DHH), Office of Public Health (OPH) provides Louisiana residents with a variety of Preventive Health Outreach Programs targeted to assure the health of its most vulnerable citizens: infants and children; adolescents; women; families; and persons suffering from infectious and chronic diseases, violence and injury, substance addictions, and mental impairment. The programs detailed in this chapter provide services to thousands of Louisiana residents and are essential to the health of the state as a whole.

Programs Targeting: Infants, Children, Adolescents, Women, and Families

A. MATERNAL AND CHILD HEALTH PROGRAM

The Maternal and Child Health (MCH) Program is dedicated to identifying health problems and developing solutions to improve the health of women of childbearing age, pregnant women, infants, children, and adolescents. This goal is accomplished through the provision of needed preventive health care services for the population in general as well as those who have limited access to preventive services due to financial or geographic barriers, or lack of service providers.

Through parish health units statewide, the Maternity Program offers pregnancy testing, prenatal care, and prenatal and nutrition education and counseling to women who are unable to access such services elsewhere in their communities. The prenatal care is comprehensive, including regular physical assessments, laboratory tests, counseling and education on physical and behavioral issues, and home visiting when indicated. HIV education for all patients and HIV screening and counseling are provided for those who choose to participate.

In state fiscal year 2003, 3,673 pregnant women initiated or received comprehensive prenatal care, while 18,975 pregnant women received prenatal and nutrition counseling and education in conjunction with the Women, Infants, and Children (WIC) Program services. Over 10,105 women came to the health units for pregnancy tests only. The total number of maternity related visits was 90,071. The Maternity Program also provides prenatal care in areas of the state with access problems through contracts with Louisiana State University Health Sciences Center and Community Health Centers. Through these contracts, 1,026 women received prenatal and postpartum care in 8,103 visits. The MCH Program also supports the Partners for Healthy Babies Campaign, which is a public awareness and education media effort to promote healthy prenatal behaviors, early prenatal care, and a toll-free telephone hotline for information and referral for health and related services.

Preventive health services to infants and children offered by the Child Health Program include periodic health screening through parish health units statewide. These services may involve a medical history and



physical examination; immunizations; assessment of growth; assessment of developmental status; laboratory screening for phenylketonuria (PKU), congenital hypothyroidism, sickle cell disease, anemia, urinary tract problems, and lead poisoning; screening for vision, hearing, or speech problems; and parental counseling and education. Nutritionist and social services are available in addition to medical and nursing services. In state fiscal year 2003, 85,135 infants, children, and adolescents were seen in a total of 172,299 visits. Over 4,542 children received 6,826 comprehensive screenings, and 24,938 children received 37,139 health counseling and follow up services.

Infant Mortality Reduction Initiatives have been established in each region to examine the causes of fetal and infant death through a formal review process and recommendations to address the need for prenatal and infant health interventions will be made by these community coalitions. Injury prevention coordinators have been hired to address prevention of unintentional injuries, which are the leading cause of death among children. Car, pedestrian, bicycle, playground, and water safety are addressed through education and public awareness events. Prevention of injury from fires and suffocation are also targeted.

SUDDEN INFANT DEATH SYNDROME (SIDS)

The DHH-OPH, Sudden Infant Death Syndrome (SIDS) Counseling and Risk Reduction Program is designed to increase public awareness on the topic of SIDS and to provide education to reduce the risk of SIDS deaths. The SIDS Program developed a 30 second media message aimed at encouraging parents of infants to place healthy babies on their backs for sleeping and promoting a safe sleep environment. Educational materials on SIDS risk-reduction have been developed for distribution to populations at risk. These materials include two fact sheets that provide basic SIDS information and describe state specific statistics on SIDS risk factors and practices in Louisiana, an educational counseling card to provide risk reduction information for parents and grandparents, and posters that promote back sleeping. SIDS risk reduction educational training materials for Emergency Medical Service have also been revised to incorporate in training of first responders. Grief counseling is made available to all families who have experienced the death of an infant due to SIDS. The SIDS-risk reduction community outreach and education initiative has continued; activities included the following:

- Conducted multimedia public relations and community outreach event for SIDS Awareness Month.
- Conducted education awareness sessions to community groups and organizations.
- Provided professional education in-service training to childcare providers, nurses, and other health providers, including a video conference.
- On a quarterly basis, convened an Orleans Parish SIDS Steering Committee composed of a diverse group of public health professionals, medical professionals, community organizations, faith-community leaders and consumers (e.g., parents and grandparents) to identify appropriate channels for reaching at-risk populations and developing outreach strategies targeted to these populations.

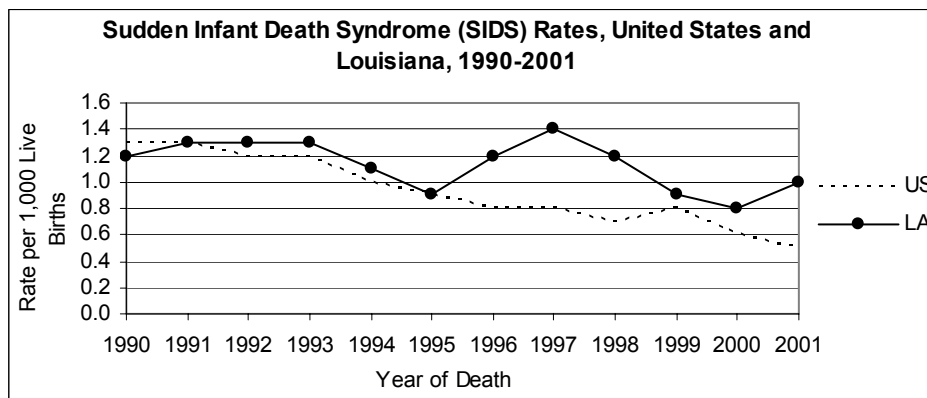


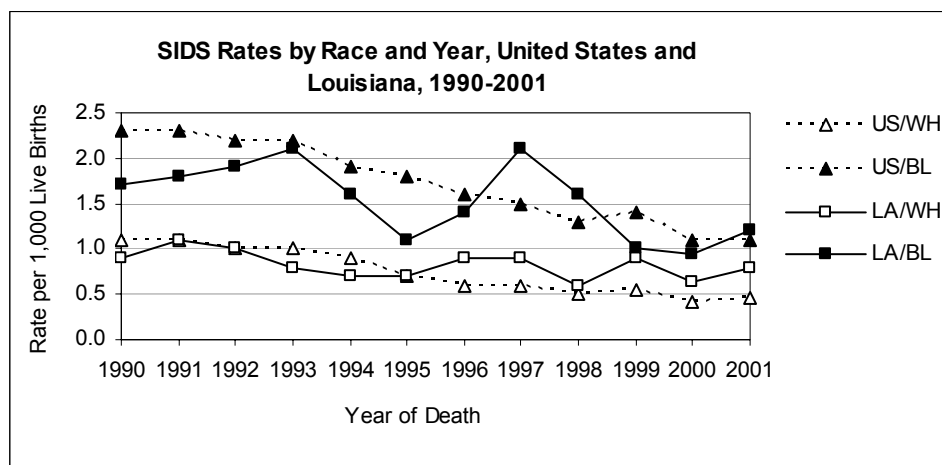
- Distributed a SIDS informational kit for faith-based organizations to utilize in education of the community about SIDS.
- Distributed educational materials on SIDS risk-reduction to hospitals, childcare providers, and community groups statewide.
- Conducted and analyzed a statewide hospital survey about discharge education and sleep position policies and practices in the newborn nursery.

In addition to public and professional education and grief counseling, standard data are collected on each case with the hope of identifying preventable circumstances that are associated with unexpected deaths in infancy. Cases are assessed for SIDS epidemiology, statistics, risk factors, ethnic-racial trends and geography-specific trends. A program to improve the investigation of unexpected infant deaths through the training and certification of death scene investigators was begun in 1996. Over 275 investigators from coroner offices and law enforcement have been trained in conducting death scene investigations in cases of unexpected deaths in infants.

SIDS was the second leading cause of unexpected child death in Louisiana in 2001. That year, there were 65 deaths from SIDS in the state, equivalent to a death rate of 1.0 per 1,000 live births. Between 1990 and 1995, rates in Louisiana were roughly comparable to the national rates. From 1996 through 2001, the SIDS rate in Louisiana was higher than the national rate. However, over the past decade, the SIDS rate has decreased from 1.3 deaths per 1000 births to 0.8 deaths per 1000 births.

Blacks were more likely to die from SIDS than whites in 2001 (34 deaths among blacks for a rate of 1.2 deaths per 1000 live black births vs. 31 deaths among whites for a rate of 0.8 deaths per 1000 live white births). For many years, there has been a large disparity between SIDS rates by race, both at the national level and in Louisiana. However, the disparity between ethnic groups in Louisiana has decreased over the years from 2.5 in 1998 to 1.5 in 2001.





LOUISIANA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (LaPRAMS)

Overview

The Louisiana Pregnancy Risk Assessment Monitoring System (LaPRAMS) is an ongoing, population-based surveillance system designed to identify and monitor selected maternal behaviors that occur before and during pregnancy and during a child's early infancy. It is a joint effort between the OFFICE OF PUBLIC HEALTH (OPH) and the CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). CDC, the OPH VITAL RECORDS REGISTRY, the STATE CENTER FOR HEALTH STATISTICS, and the TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE provide technical assistance to LaPRAMS. CDC, along with the OPH FAMILY PLANNING and MATERNAL AND CHILD HEALTH programs, provide funding for the project.

LaPRAMS data are collected from a representative random sample of new mothers by means of mail surveys and telephone interviews. Louisiana women who have had a recent live birth are randomly selected to participate in the system. Since data collection was initiated in October 1997, 15,635 women have received the LaPRAMS questionnaire. In 2001 alone, 2,374 women were selected to receive the questionnaire, with the response rate at 73 percent. Since LaPRAMS is based on a representative sample, the data collected by this survey represent information that can be generalized to the whole State of Louisiana.

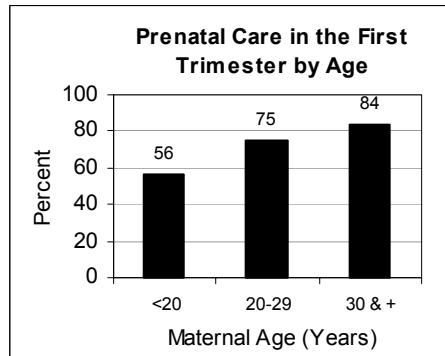
Information provided by LaPRAMS includes: medical and physical factors; socioeconomic status; prenatal maternal experiences and behaviors (e.g., cigarette smoking, alcohol use, and physical abuse); prenatal care counseling; use and barriers to prenatal care; content and quality of care; complications during pregnancy; birth control use before and after pregnancy; sources of prenatal care and payment of delivery; and postpartum maternal experiences and behaviors.



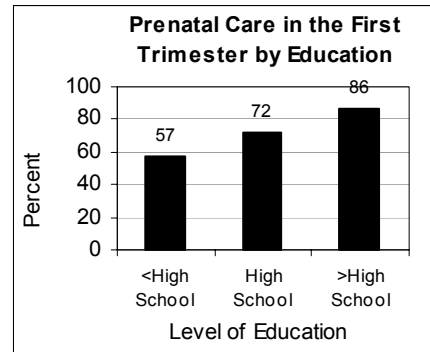
Results

The following are selected findings based on LaPRAMS 2001 data.

- **Early initiation of prenatal care:** Seventy-five percent of women reported initiating prenatal care during the first trimester of their pregnancy. The *Healthy Louisiana 2010* target for initiation of prenatal care in the first trimester is 90 percent. The socio-demographic characteristics of women entering prenatal care during the first trimester are shown below.

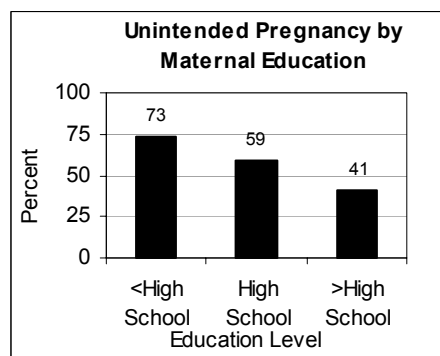


Source: DHH-OPH, LaPRAMS 2001

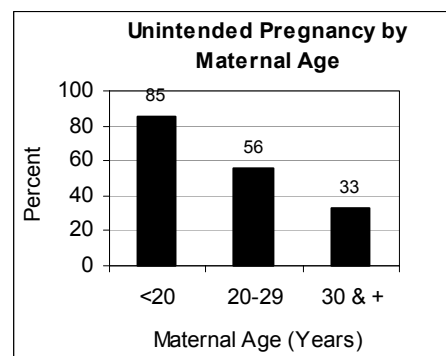


Source: DHH-OPH, LaPRAMS 2001

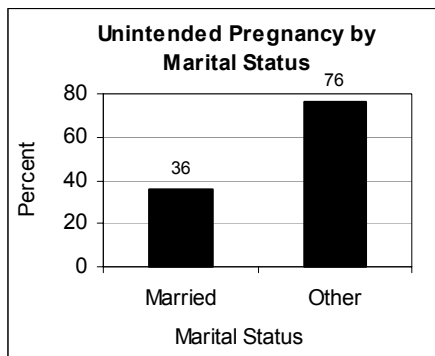
- **Unintended pregnancies:** Fifty-five percent of women reported that their pregnancies were unintended. Unintended refers to the timing of the pregnancy, i.e., whether the woman desired the pregnancy to be at some time in the future or not at all. The *Healthy Louisiana 2010* target for unintended pregnancies is 30 percent. The socio-demographic characteristics of women reporting an unintended pregnancy are shown below.
- **Birth control use:** Forty-eight percent of women surveyed were using birth control when they became pregnant; the remaining 52 percent, then, were not. Reasons for not using birth control include not minding pregnancy, thinking that they were infertile, and/or husband or partner not wanting to use birth control.



Source: DHH-OPH, LaPRAMS 2001

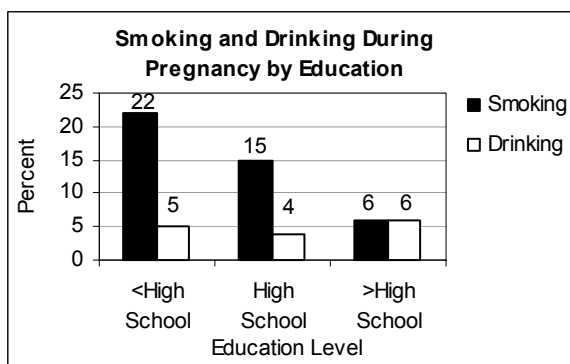


Source: DHH-OPH, LaPRAMS 2001

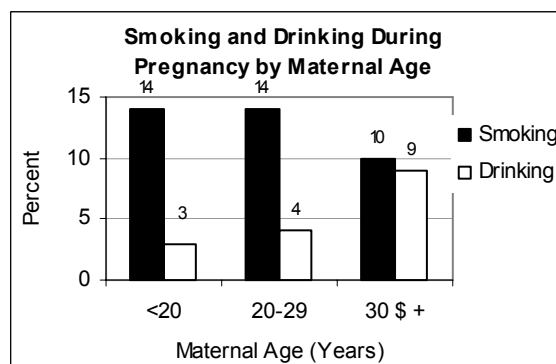


Source: DHH-OPH, LaPRAMS 2001

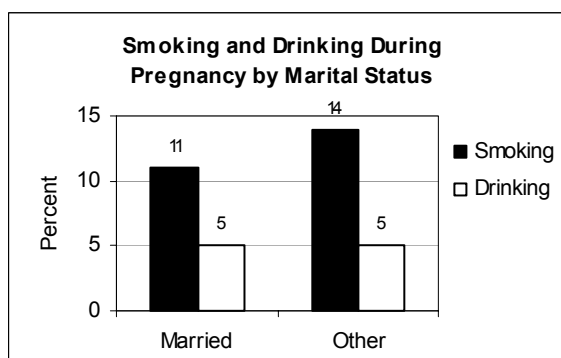
- **Cigarette smoking before, during, and after pregnancy:** Twenty-four percent of women reported that they had smoked during the three months before pregnancy. The percentage decreased during pregnancy to 13 percent but increased to 20 percent at 3-6 months after delivery, a level slightly lower than the pre-pregnancy rate. The *Healthy Louisiana 2010* target for women, in general, is 15 percent, and 1 percent for pregnant women specifically.
- **Alcohol consumption before and during pregnancy:** Forty-one percent of women reported that they drank alcohol during the three months before pregnancy, and 5 percent reported that they drank alcohol during the last trimester of their pregnancy. The *Healthy Louisiana 2010* target for pregnant women is 6 percent.



Source: DHH-OPH, LaPRAMS



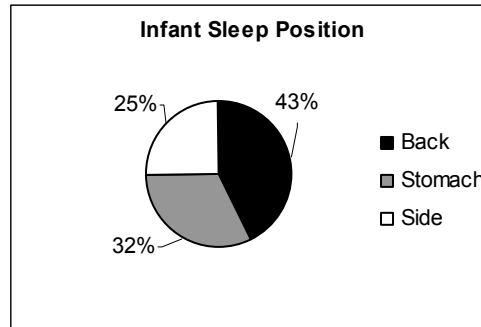
Source: DHH-OPH, LaPRAMS 2001



Source: DHH-OPH, LaPRAMS 2001



- **Infant sleep position:** Among women surveyed, 41 percent placed the baby on its back, 24 percent placed the baby on its side, and 31 percent placed the baby on its stomach. Research shows that placing a baby on the back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS).



Source: DHH-OPH, LaPRAMS 2001

- **WIC participation:** Fifty-two percent of women reported being on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) during their pregnancy.
- **Breastfeeding:** Forty-seven percent of women breastfed their infants beyond one week. The *Healthy Louisiana 2010* target for breastfeeding during the early postpartum period is 75 percent. Women with the highest prevalence of breastfeeding in Louisiana were white, 30 years of age or higher, had 13 years or more of education, and were married. Among mothers less than 20 years of age, 27 percent breastfed their infants. Twenty-five percent of mothers with less than a high school education breastfed beyond the first week. Thirty-one percent of unmarried mothers breastfed their infants.

Data from LaPRAMS will be used to supplement information from vital records and to generate information for planning and assessing perinatal health programs around the state. Findings from the data will also be used to develop programs designed to identify high-risk pregnancies. In addition, LaPRAMS data will enhance the understanding of maternal behaviors and the relationship between these behaviors and adverse pregnancy outcomes, such as low birth weight and infant mortality.

ORAL HEALTH ASSESSMENT

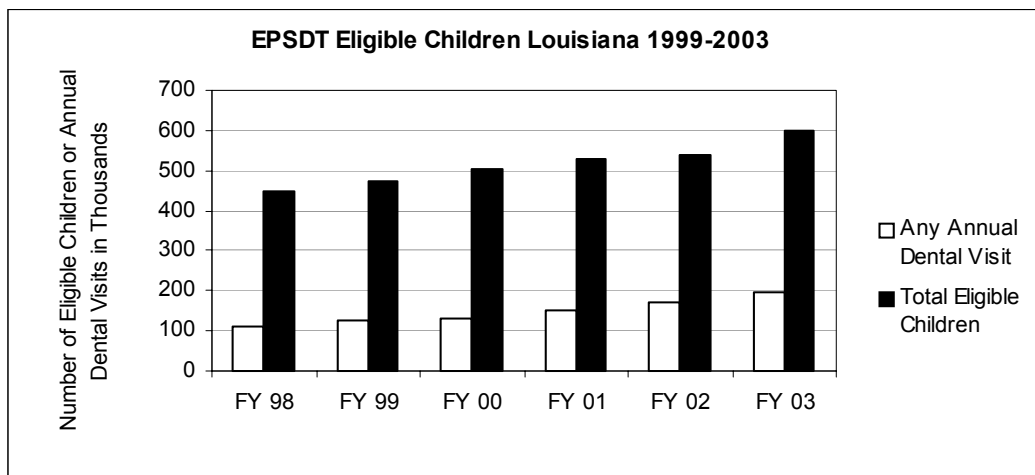
The Oral Health Program aims to improve the oral health status of the residents of the Louisiana. Poor oral health in children can have far-reaching consequences, including pain and suffering from infections, absence from school, malnutrition, and diminished sense of self-esteem. Dental decay is the most common disease affecting children. In addition, poor periodontal health has been linked to diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes. The Oral Health Program of the Office



of Public Health, Maternal and Child Health Program, addresses the oral health status of Louisiana's children and pregnant women.

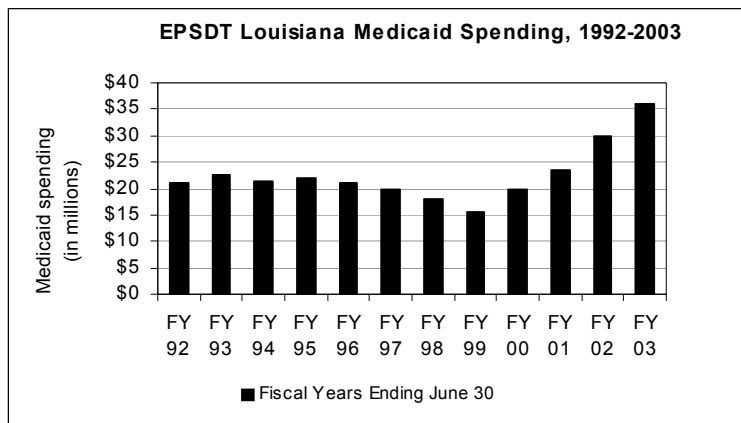
The Oral Health Program completed analyzing data collected by school nurses on eight hundred and seventy-one (871) 3rd graders from 7 parishes in the state. Thirty-nine (39) schools participated in the dental screenings. Of the screened children, 37.3 percent had untreated dental caries; 63.5 percent had previous dental caries experience; only 18 percent had dental sealants; and 38.5 percent had to be referred to dentists for treatment. Data collected by school nurses in 1998 for 3rd graders showed that 38 percent of the children had untreated dental caries and the prevalence of dental sealants among the children was 22 percent. This trend indicates a decline in sealant utilization since 1998. The *Healthy Louisiana 2010* objective for dental sealants is that 50 percent of children should have sealants on their permanent molars.

Medicaid claims data show that, as the enrolled total number of Medicaid/LACHIP eligible children in Louisiana has increased, more children are receiving at least one dental visit per year. Statistics show that the percentage of children receiving an annual dental visit has remained constant at approximately 26 percent from 1998 through 2002. In 2003; the proportion of Medicaid eligible children who received at least one dental visit increased to 32.8 percent.



Source: Louisiana Medicaid Office

Medicaid spending on dental services for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)-eligible children has increased since 1999. In state fiscal year 2003, over 36 million dollars were spent on dental services for Medicaid-eligible children.



Source: Louisiana Medicaid Office

Behavior Risk Factor Surveillance System: 1999 Dental Data

- 60.6 percent of the population surveyed reported visiting a dentist
- 64.6 percent of Louisiana residents with income less than \$15,000 per year did not receive an annual dental examination
- 20.9 percent of Louisiana residents with income more than \$50,000 per year did not receive an annual dental examination
- Blacks were 1.4 times more likely not to receive a dental examination than whites
- 34.3 percent of the population aged 65 years and above have lost all their natural teeth
- The proportion of individuals not receiving a dental examination increases with advancing age

The Oral Health Program is committed to preventing dental disease through increased community water fluoridation efforts. Approximately 43.1 percent of Louisiana residents have access to community-fluoridated water, which is well below the *Healthy People 2010* objective of 75 percent of the population receiving optimally fluoridated water. Steps are being taken, however, to improve monitoring of water systems and improve reporting. The Oral Health Program has signed two new contracts with the cities of Litcher and Oakdale to provide technical support and assistance with equipment purchases for implementation of community fluoride programs in those cities. A new contract with the City of Crowley is also in progress to fluoridate that community's water.



A study of Louisiana Medicaid data by the CDC¹ showed that the average dental treatment costs for Medicaid eligible children living in non-fluoridated areas were twice as high as the average treatment costs for Medicaid-eligible children living in fluoridated areas. The study also showed that Medicaid-eligible children living in non-fluoridated areas were three times as likely as Medicaid-eligible children living in fluoridated areas to receive dental treatment in a hospital operating room.

The Oral Health Program, in collaboration with the Louisiana Medicaid Program, has implemented a new dental program for pregnant women that provides dental services to this vulnerable population. Current research has linked untreated periodontal disease in pregnant women to as much as a 7 times greater risk of delivering a preterm low birth weight infant than a pregnant women without periodontal disease.

The Oral Health Program, in cooperation with the Louisiana State University Health Sciences Center (LSUHSC) School of Dentistry, continues to provide tobacco cessation training to LSUHSC dental students. This training provides necessary information and practical experience with pharmacological agents used to alleviate tobacco cravings. These future dentists will then be able to counsel patients on the benefits of not smoking and the risks associated with tobacco usage, as well as offer the necessary tools to help these patients become tobacco free.

¹ Centers for Disease Control and Prevention. "Water Fluoridation and Costs of Medicaid Treatment for Dental Decay -- Louisiana, 1995-1996" Morbidity and Mortality Weekly Report. 48; 34 (Sept. 1999): 753.



CHILD CARE HEALTH CONSULTANT PROGRAM

The American Academy of Pediatrics and the American Public Health Association recommend that each childcare facility should utilize the services of a health consultant to provide ongoing assistance in the area of health. Louisiana was one of the first states to institute such a program.

The MATERNAL AND CHILD HEALTH PROGRAM of the OFFICE OF PUBLIC HEALTH coordinates the activities of the Child Care Health Consultant Program. By combining professional health experience with knowledge and training in childcare, consultants work to support, assist, and solve problems with childcare providers in order to improve the safety and quality of childcare. Consultants serve as a source of education, guidance, and support to child care facilities; provide technical assistance; act as a health resource and referral point; and provide access to health care information. This program also has the advantage of bringing together a multi-disciplinary network of both public and private health professionals from a variety of settings to address local community needs.

There are 163 health professionals who have been trained and are approved by the DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH and the DEPARTMENT OF SOCIAL SERVICES, BUREAU OF LICENSING.

HOME VISITATION PROGRAMS

Paraprofessional Home Visitation Programs

The MATERNAL AND CHILD HEALTH PROGRAM (MCH) of the OFFICE OF PUBLIC HEALTH has undertaken home visitation programs to impact Louisiana's high rates of infant mortality, low birthweight, and child maltreatment. Currently, there are four Paraprofessional Home Visitation Programs: Project Hope (serving first-time mothers and their babies in Ouachita Parish), ETC ALPHA (serving high-risk pregnant and parenting teens and their babies in Calcasieu Parish), Healthy Kids (serving first time and teen parents and their babies in Iberia Parish), and First Time Parents (serving high-risk, low income parents and their babies in East Baton Rouge Parish).

The programs are based on the Hawaii Healthy Start and Healthy Families America program models and have been successful in securing community support. Louisiana's model seeks to prevent child abuse and neglect by focusing interventions on promoting child growth and development, modeling and fostering positive parenting skills and parent-child interactions, assuring provision of needed health care, and developing support systems for families.



By the end of state fiscal year 2003, Louisiana's Paraprofessional Home Visitation Programs had 286 active families with 3,374 completed home visits.

Nurse-Family Partnership: Helping First-Time Parents Succeed

The Nurse Family Partnership program (NFP) targets first-time mothers of low socio-economic status. Home-visiting nurses follow well-developed guidelines that require regular (weekly or biweekly) visits to the family from prior to twenty-eight weeks of pregnancy until the infant is two years of age. This model, developed by David Olds and colleagues, was chosen by MCH because of its proven effectiveness as a preventive intervention. Clinical trials and longitudinal studies have shown that this model of prevention reduced by 79 percent the verified reports of child abuse and neglect, reduced by 31 percent the number of subsequent births, and increased by 83 percent the rates of labor force participation, and results in improvements in adolescent and parent behavior 15 years later.

Since 1999, the NFP has been available in Region IV (Iberia, St. Martin, and Vermilion parishes) and Region VIII (Franklin, Jackson, Morehouse, and Richland parishes). Services were expanded to Region III (Terrebonne and Lafourche parishes) and Region V (Calcasieu, Beauregard, Jefferson Davis, and Allen parishes) in the spring of 2000. In the spring of 2002, in an effort to further address infant mortality, the NFP (via partnerships with local, state, and community organizations) expanded to Region II (East Baton Rouge Parish), Region VI (Rapides Parish), and Region VII (Caddo Parish). During calendar year 2003 the MCH PROGRAM expanded the NFP program to include all nine regions of the state, for a total of 19 out of 64 parishes. Half or partial teams were developed in Region I (Jefferson Parish), Region IX (St. Tammany Parish), and Region VIII (Ouachita Parish); additional nurses were added to make full teams in Regions III, V, and VI. The eventual goal is to have NFP available in all parishes of the state. Since the inception of the program, NFP had provided nearly 40,000 visits to about 1600 families.

A randomized-controlled study of the program in one region of Louisiana was conducted by the Tulane School of Public Health and Tropical Medicine, supported by funds from OPH, the Office of Mental Health, and the Children's Trust Fund. Results from this study (completed in summer 2002) indicated that women who participated in the NFP program, compared to those who received usual community care, had 52 percent fewer premature births, 22 percent fewer low birth weight babies, a 43 percent reduction in depression symptoms during pregnancy, and a 33 percent reduction in subsequent pregnancies by the time the child was 14 months of age. Infants experienced 35 percent fewer hospitalizations, and 50 percent fewer emergency room visits.



Public Information Campaign and Provider Training for Parenting Education & Child Abuse Prevention

PREVENT CHILD ABUSE LOUISIANA (PCAL) is funded by the Maternal and Child Health Program, OFFICE OF PUBLIC HEALTH (OPH) to continue its statewide social marketing campaign designed to reach parents through educational messages about parenting and to encourage the use of a toll-free information, support, and referral services telephone number for families: PCAL's KIDLINE (1-800-CHILDREN; formerly known as the Helpline). Campaign themes have addressed positive communication and positive discipline, while stressing child abuse prevention for parents.

To emphasize these educational topics and to conduct training sessions, PCAL staff and a small group of trained volunteers, including representatives from the OFFICE OF COMMUNITY SERVICES, law enforcement, the media, and health care, offer presentations in their respective communities around the state. Speakers address parent groups, children, community organizations, and "other caregivers" (e.g., teachers and day care staff) in various settings.

MCH has trained nursing and social work staff in Infant Mental Health in all nine OPH regions of the state, as well as staff from the New Orleans Health Department. This 30-hour training, completed in five separate sessions, is designed to improve the staff's knowledge and skills in the early recognition of factors and conditions which place the infant and caregiver at risk for immediate, as well as long-term, problems in social, emotional, and cognitive growth and development. Continuing education credit for nurses is provided. To date, more than 400 public health and other providers have received this training; the goal is to train all nurses, social workers, and other staff involved in maternal and child health clinical programs around the state, as well as all nurses involved in the Nurse Family Partnership program. The training continues to be offered on a semi-annual basis for new MCH staff, as well as for nurses and staff who work in the Nurse Family Partnership Program.

The MCH Program also provides training in Keys to Caregiving, a parenting education program developed at the University of Washington through the Nursing Child Assessment Satellite Training (NCAST) program. Keys to Caregiving originally was developed for hospital nurses to provide information to new parents about newborn behavior, communication, the infant's capacity for relationships from birth, and strengthening the parent-infant relationship, but its usefulness extends well beyond the newborn period. This material is extremely well received by staffs who work directly with infants and their caregivers. Keys to Caregiving is part of the required Nurse Family Partnership staff training; it is also offered to MCH nurses in maternal and child clinical settings who have completed the Infant Mental Health training. Continuing education credit for nurses and social workers is offered for both Infant Mental Health and Keys to Caregiving.



Finally, the MCH program has redeveloped its parenting newsletter. *Pierre the Pelican*, which had been distributed to new parents from the prenatal period through age five for the past two decades, had not been revised since 1988; there was a pressing need to bring this important method of parenting education up-to-date and to make it more user-friendly. The extensive revisions include a new name (Happy and Healthy Kids); a brighter, friendlier appearance; and an emphasis on social and emotional development and strengthening the parent-child relationship. The easier-to-read format highlights practical information and suggestions parents can understand and use. Projected start date for distribution of the new parenting newsletter is spring 2005.

PARTNERS FOR HEALTHY BABIES

For state fiscal year 2003, the statewide Partners for Healthy Babies Project continued its outreach through multi-media channels to encourage pregnant women to seek out early prenatal care and practice healthy behaviors during pregnancy. The project continued its focus on appropriate weight gain during pregnancy via television and radio messages and a public relations campaign. During the same fiscal year, the Partners for Healthy Babies toll-free helpline received approximately 3,750 calls and made referrals to medical and social services statewide.

B. IMMUNIZATION PROGRAM

The Shots for Tots Program was developed by the IMMUNIZATION PROGRAM of the OFFICE OF PUBLIC HEALTH to improve immunization levels among infants and toddlers. The program has four major methods, as detailed below, to improve immunization levels: (1) service and delivery; (2) parent/provider information and education; (3) assessment; and (4) coordination and oversight.

- Service and delivery are enhanced by increasing the number of locations where immunizations can be received, reducing the barriers for families, encouraging evening and weekend immunization clinics, and improving communication among providers.
- Information and education are provided to health care providers and to parents. Health care providers are kept informed of immunization updates and the correct use of vaccines. Parents are educated about the importance of having their children immunized on time.
- Assessment is used to provide feedback to providers regarding their immunization practices, both from the program's perspective and the client's perspective.
- Coordination and oversight establish a central point of responsibility to help improve all of the methods listed above.



Shots for Tots has improved access to immunizations, decreased cost to families, improved public awareness of the need for immunizations, and educated health care providers about proper immunization practices. The following chart illustrates the effectiveness of the Shots for Tots Program. Since its inception in 1992, the program has increased by 25 percent the immunization levels among two-year-old children receiving care at parish health units (PHUs) through 2002. The impact of PHU closures, lack of immunization on demand/appointment only system, lack of flexible immunization clinic hours, inability to immunize managed care children without a referral, absorbency issues within the private sector, and not providing simultaneous immunizations have synergistically impacted the immunization levels among two-year-old children in 2003, resulting in the lowest immunization level since the inception of the Shots for Tots Program. More education, information and quality assurance visits will be conducted to ensure immunization best practices and simultaneous administration of vaccines. The Immunization Program will continue to work with our coalitions comprised of physicians, nurses, voluntary agencies, political leaders, churches, and community organizations. These diverse groups have come together specifically to improve immunization coverage in Louisiana, and the coalition will continue to work and oversee the Shots for Tots plan as we make progress toward our goal.

<i>Immunization Levels Among Two-Year-Old Children Receiving Care at Parish Health Units Louisiana, 1992-2003</i>	
1992	55%
1993	59%
1994	64%
1995	75%
1996	79%
1997	81%
1998	82%
1999	80%
2000	83%
2001	80%
2002	78%
2003	47%

Source: Louisiana Department of Health and Hospitals, Office of Public Health, Immunization Program

C. HEARING, SPEECH, AND VISION PROGRAM: INCLUDING SOUND START PROGRAM FOR THE EARLY IDENTIFICATION OF HEARING IMPAIRMENTS IN INFANTS

The goal of the HEARING, SPEECH AND VISION PROGRAM (HSVP) is early identification of communication disorders. A child's vision, hearing, and language development are the most important skills they will need to be able to learn. Early intervention has profound lifelong benefits for infants and toddlers with any of these disorders while containing costs of special education and other services provided by the state.



During the year 2003, HSVP continued to work toward consolidation of services by collaboration with public agencies and private providers to avoid duplication of services. Many services offered previously by OPH staff will be provided by community agencies. The DEPARTMENT OF EDUCATION and private providers will provide vision screening. HSVP provides training and loan of equipment to schools.

The audiologists under the HSVP will work to ensure audiological services are available in all areas of the state through the private sector and other public agencies. In order to increase the provision of hearing aid services by private providers, the department has worked closely with Medicaid and successfully raised the reimbursement rates for hearing aids. This will make services available closer to the child's community.

The SOUND START PROGRAM (SSP) under HSVP made great strides during 2003. In 1999, the Legislature mandated UNIVERSAL NEWBORN HEARING SCREENING (UNHS). Since that time, the SSP has worked to insure that hospitals comply with the law. Currently, more than 93 percent of newborns are screened prior to discharge. Due to the success of this screening initiative, the SSP is now emphasizing follow-up and tracking components of the program to ensure that each child is not only screened, but receives appropriate referrals for follow-up and intervention as well. Two federal grants have been received to expand universal newborn hearing screening and intervention in Louisiana, including funding for an epidemiologist and tracking specialist to insure access to needed services for all children and families. The program encourages community and private sector involvement, which allows unique regional emphasis, while maintaining statewide compliance and coordination.

D. CHILDREN'S SPECIAL HEALTH SERVICES

CHILDREN'S SPECIAL HEALTH SERVICES (CSHS) is a program that provides services for eligible children and families with serious disabilities that significantly limit major life activities. These children have complex medical conditions that may be rare, severe, or disabling and require pediatric subspecialty services on an on-going basis. Some of the products and services provided by CSHS are medications, durable medical equipment, home health care, physical therapy, hospital care, parent training, and case management to coordinate primary and specialty services. There are nine regional CSHS clinics throughout the State of Louisiana.

A 2002 national maternal and child health survey ranked Louisiana 4th in the nation for population of children with special health care needs (CSHCN), with 16 percent of its children having a special health care needs versus 12 percent at the national level. Twenty-three percent of households in Louisiana have, at least, one child with a special health care need. The proportion of CSHCN in Louisiana without a



primary care provider in Louisiana is 12 percent. 32 percent of this population has not been insured in the past 12 months versus 11 percent at the national level.

CSHS provides services to CSHCNs, many with complex, severe, medically disabling conditions such as congenital heart defects, cystic fibrosis, cleft lip and palate, cerebral palsy, and neurological disorders. These conditions often require complex medical care including numerous surgeries, hospitalization, and costly drug therapy. Because of the cost-efficient manner in which CSHS provides these services, the cost of treating these children and providing support to their families is very low. Although this program provides medical services for disabilities and chronic medical conditions that children already have, it also prevents these problems from becoming worse and more costly to treat and allows the children to achieve their full potential in life to become contributing citizens of Louisiana. In 2003, CSHS provided 18,341 clinic visits to 5111 children.

Since 2001, CSHS has been involved in the Medical Home Project in association with the Louisiana Chapter of the American Academy of Pediatrics, Louisiana State University Health Sciences Center, Tulane University School of Medicine, Children's Hospital, other community agencies, and groups concerned with children with special needs. This project has gained widespread support for training primary care physicians to provide a "medical home" for CSHCNs.

Louisiana Birth Defects Monitoring Network

Birth defects are the leading cause of infant death in the United States, accounting for roughly 1 out of every 5 infant deaths each year. The Louisiana Birth Defects Monitoring Network (LBDMN) is a new CSHS program designed to keep track of the type and number of birth defects occurring in Louisiana children.

The LBDMN staff and advisory board have made significant progress in 2004. Act No. 194 of 2001, which established the birth defects surveillance system, required that rules and regulations outlining operational procedures for the system be formally drawn up and made subject to public review and comment. This process has been completed, with the final rule to be published in the June 2004 issue of the *Louisiana Register*. As of July 1, 2004, the new procedures will go into effect and collection of data is projected to begin by the end of 2004.

EarlySteps

Part C of the Individuals with Disability Education Act (IDEA) requires states to develop a coordinated system of interagency services and supports for infants and toddlers with medical conditions likely to cause a disability or developmental delay. EarlySteps is Louisiana's Part C System for infants and toddlers from birth to 3 years of age and their families. Previously, the Louisiana Department of Education



was the lead agency for the statewide Early Intervention System (formerly known as Childnet). On July 1, 2003, the Louisiana Department of Health and Hospitals (DHH) became the lead agency. The national goal is for states to serve 2 percent of children from birth to 3 years of age in the Part C System. On December 1, 2002, Louisiana reported 2,483 children served. This number increased to 3,498 by December 1, 2003 and 3,925 as of March 2004. It is estimated that approximately 5,850 children in Louisiana may be eligible for Part C services due to a disability or developmental delay. EarlySteps is continuing to conduct ongoing outreach to identify children who may be eligible.

EarlySteps services are provided at no cost to families and include the following services: Audiology, Speech-Language Therapy, Occupational Therapy, Physical Therapy, Special Instruction, Assistive Technology, Service Coordination, Medical Evaluation, Health Services, Nursing Services, Vision Services, Social Work Services, Psychological Services, Family Training, Nutrition Services, and Transportation. Services are provided in the child's everyday environment such as the home, childcare center, or other community settings. EarlySteps has successfully enrolled 1,976 service providers as of May 2004 and is currently conducting comprehensive, mandatory, statewide trainings to ensure quality services are provided to families.

E. NEWBORN HEEL STICK SCREENING AND FOLLOW-UP

DHH-OPH's Genetic Diseases Program, in collaboration with the State Central Public Health Laboratory, operates a statewide Newborn Heel Stick Screening and Follow-up Program in accordance with pertinent legislation and rules (R.S. 40:1299.1.,2.,3 and LAC 48: V. 6300). Screening for Phenylketonuria (PKU) initiated the newborn screening program in 1964, with screening for other diseases being added through the following years. The current panel includes the following diseases: PKU, congenital hypothyroidism, hemoglobinopathies (sickle cell disease), biotinidase deficiency, and, most recently, galactosemia. The program's mission of early detection coupled with immediate medical management of an infant with any of these disorders will prevent many and, in some disorders, all of the serious clinical sequelae. Benefits to Louisiana residents and savings to the state have been substantial over the years as described below:

- Every year, on average, three infants with PKU and 16 infants with congenital hypothyroidism are detected and treated early. Given the early initiation of specialized care, these children can live normal lives instead of suffering mental retardation and requiring expensive supports.
- There are approximately 80 infants with sickle cell disease detected and referred into specialized care each year. Before the standard of care included newborn screening, penicillin, and other aspects of specialized care, 30 percent of the children with sickle cell disease would not reach their third birthday. Recently, the case fatality rate has been within the range for that of the general population for this age group.



The following tables provide statistics from the Newborn Screening Program for detection of all diseases included in the panel, in addition to statistics specific to sickle cell disease. The first table shows the number of infants detected with a genetic disorder by disease and by race for each year since 2000. The numbers detected each year have remained within the expected range for most diseases. However, for congenital hypothyroidism, there has been over a fourfold increase from 2000 to 2003, which is attributed to a trend in more aggressive approach to diagnosis and treatment. The second table indicates the number of infants detected with a hemoglobinopathy for 2003 by the phenotypes representing sickle cell anemia (FS), SC disease (FSC), C disease (FC), sickle E disease (FSE), E disease (FE), possible sickle thalassemias (FSA), and possible C beta thalassemias (FCA) and the percentages for each.

The new methodology, tandem mass spectrometry, will be adopted by the State Central Laboratory during SFY 2005 which will expand the detection of metabolic disorders. The Newborn Screening Advisory Committee has recommended that the first diseases to be added to the panel will be homocystinuria, medium chain acyl-coenzyme A hydrogenase deficiency (MCAD), maple syrup urine disease (MSUD), citrullinemia and argininosuccinic aciduria (ASA).

Newborn Screening Detections from 2000-2002						
Year & Race	Congenital Hypothyroidism	Phenylketonuria (PKU)	Sickle Cell (SS, SC, S-THAL)	Biotinidase Deficiency	Galactosemia	Total Births
2000						
<i>White</i>	6	2	0	0	0	38,467
<i>Non-White</i>	3	0	87	0	0	29,806
2001						
<i>White</i>	12	3	0	0	0	37,284
<i>Non-White</i>	5	1	73	0	0	28,337
2002						
<i>White</i>	11	4	0	2	1	36,605
<i>Non-White</i>	18	0	80	0	0	28,150
2003					0	
<i>White</i>	25	2	2	3	0	Not reported
<i>Non-White</i>	16	1	76**	0	0	Not reported
TOTAL	96	13	318	5	1	



Number and Percentage of Infants Detected with a Hemoglobinopathy, by Phenotype Louisiana, 2003		
Phenotypes	Number	Percent
S disease (FS, SF, SS)	44	47.31
SC disease (CS, CSF, FCS, FSC, SC, SCF)	27	29.03
C disease (FC, CF, CC)	11	11.82
E disease (EE, FE)	2	2.15
Sickle – thalassemia syndrome (FSA, SA, SAF, SFA, SFAA ₂)	8	8.60
Sickle E disease (FSE)	0	0
C Beta Thalassemia	1	1.09

F. LOUISIANA CHILDHOOD LEAD POISONING PREVENTION PROGRAM (LACLPPP)

The DHH-OPH Louisiana Childhood Lead Poisoning Prevention Program (LACLPPP) is a program designed to identify and prevent lead poisoning in children between 6 months and 6 years of age through screening, case management, surveillance, health education, and primary prevention initiatives.

Childhood lead poisoning is a reportable disease. The Louisiana Childhood Lead Poisoning Prevention Program Rule (LAC 48:V.7001-7007) requires health providers to report a case of lead poisoning (that is, a case in which the blood-lead level is 15 micrograms per deciliter (µg/dl) or higher) within 48 hours to ensure that the child receives the necessary medical and environmental services. In addition, the rule requires laboratories to report all blood-lead levels, regardless of whether or not they are elevated. The information received is used for case management and surveillance.

Statewide lead poisoning prevention services at parish health units began in 1981. In 1998, funding was received from the Centers for Disease Control and Prevention which enabled the program to establish the Louisiana Childhood Blood Lead Surveillance System (CBLSS) and to become a fully comprehensive, population-based program. The grant also enhanced patient case management and allowed the program to expand its target population from children screened at parish health units to all children, including children screened at private providers. The City of New Orleans Lead Poisoning Prevention Program has



also played an important role in addressing lead poisoning. Orleans Parish has taken part in lead poisoning prevention initiatives since the early 1970s and continues to do so with support from the OPH.

Program Activities

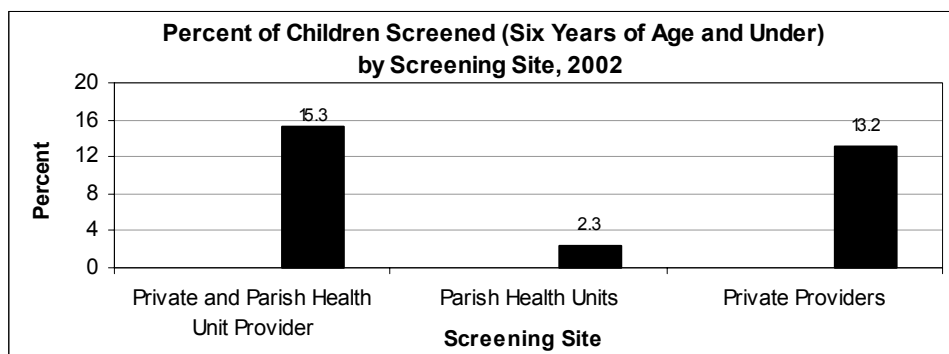
LACLPPP has collaborated with its advisory committee to compose a strategic plan to eliminate childhood lead poisoning by the year 2010. The essential components of the plan are: surveillance, primary prevention (including education/outreach and environmental/housing), and initiatives for reaching high risk populations.

LACLPPP works with local and statewide organizations to curb childhood lead poisoning by increasing screening in high-risk populations and areas, improving knowledge of lead poisoning, and facilitating comprehensive medical and environmental case management for lead-poisoned children. The program also has a statewide case management system designed to ensure that children with elevated blood lead levels receive adequate care. The driving force behind LACLPPP's activities is its surveillance system, which enables the program to target resources to high-risk areas and populations.

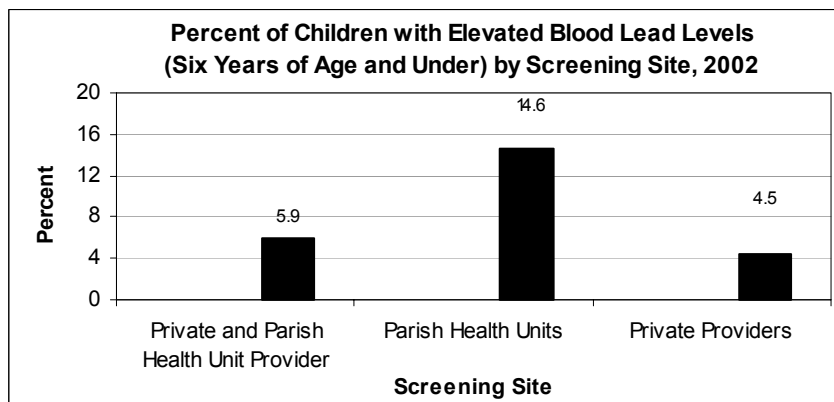
Over the last year, efforts were focused on maintaining and enhancing the childhood blood lead surveillance system by merging public and private laboratory data, developing statewide screening recommendations, and strengthening case management and primary prevention by placing a greater emphasis on environmental activities.

Screening and Prevalence

Lead poisoning is a preventable disease that affects 4.4 percent of US children between 6 months and 6 years of age. Data from 2002 show that 53,579 children in Louisiana (15.3 percent) were screened at parish health units and by private providers. Of the children screened, 5.9 percent had blood lead levels that were 10 µg/dl or greater. A majority of children aged 6 months to 6 years of age in the state have not been reached through screening.



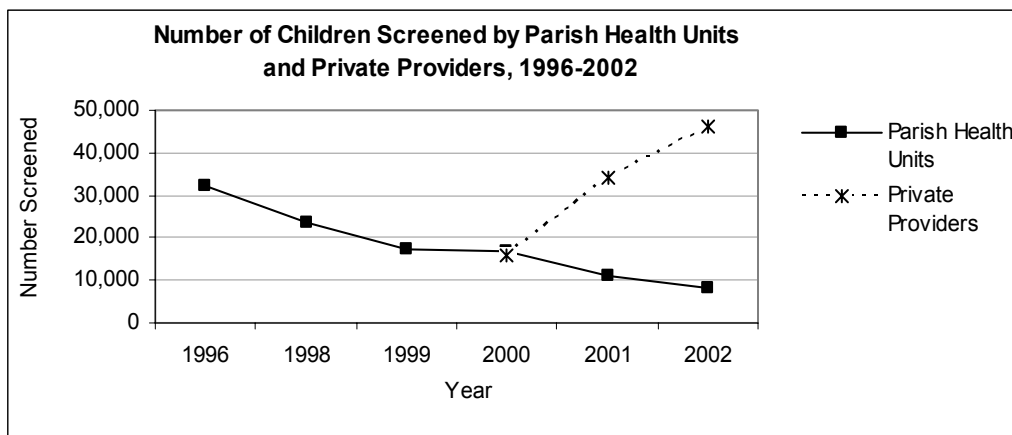
Source: LACLPPP's Childhood Blood Lead Surveillance System (CBLSS).
Denominator data from Census 2000 pop. for children <=6, US Census Bureau



Source: LACLPPP's Childhood Blood Lead Surveillance System (CBLSS).

NB: Percentage is based on number of children screened, not on population of children <=6

In previous years, most children were screened at the parish health units; however, with the shift to DHH's Community Care Initiative, more children are now being screened by private providers. The increase in the number of children being screened by private providers underscores the importance of working with this sector of the healthcare community and ensuring that they are aware of program recommendations and guidelines. In the figure shown below, private provider data are not available for 1996 through 1999 as the Louisiana Childhood Lead Poisoning Prevention Program Rule (LAC 48:V.7001-7007) requiring private providers and laboratories to report to LACLPPP had not yet been implemented.



Source: LACLPPP's Childhood Blood Lead Surveillance System (CBLSS)

Screening is an important aspect of lead poisoning prevention and elimination as it is only through screening that lead-poisoned children are identified. Once identified, the program can ensure that lead-poisoned children receive the necessary services. Thus, over the next year, LACLPPP will focus on increasing screening rates by ensuring that private providers and parish health units are aware of, and comply with, the screening recommendations. Furthermore, the program will assume a three-pronged



approach to expand the scope of screening and improve the percentage of at-risk children screened. The program will work with the state Medicaid program to ensure screening and follow-up of this at-risk population, assure screening of children receiving services through WIC at the parish health units, and work with private providers who serve affected children to assure appropriate case management and follow-up.

Future Plans

In addition to increasing screening rates, LACLPPP intends to spend the next year focusing on primary prevention and strengthening its environmental activities by:

- Ensuring the screening plan is implemented on a statewide level;
- Conducting primary prevention activities for families at high risk for lead poisoning, particularly those who live in housing built prior to 1978;
- Working with program partners to promote protective measures and to collaborate on increasing abatement and remediation activities in the state; and
- Developing a childhood lead poisoning elimination plan to meet the *Healthy People 2010* objective of eliminating childhood lead poisoning by 2010.

G. SAFE KIDS COALITION

The DHH, Office of Public Health, EMS/Injury Research and Prevention Program includes Louisiana SAFE KIDS, Inc. This non-profit coalition is dedicated to the reduction of unintentional injuries in children from birth to age 14 years.

At the state level, Louisiana SAFE KIDS promotes media coverage of preventable childhood injuries, sponsors injury prevention events, and provides ongoing messages that unintentional injuries are the leading cause of death for children under age 14. Louisiana SAFE KIDS also works thoroughly to promote policies and programs to prevent childhood injury. Eight community chapters and three community coalitions sponsor injury prevention education activities in their respective areas.

Examples of these injury prevention education activities include: hands-on child safety seat clinics where trained, certified specialists check for proper child safety seat installation and educate parents how to use car seats correctly; promotion of the use of bicycle helmets through grant programs supporting community projects and reminder tags that are hung on bicycle handlebars; and bicycle rodeos. For information on the broad list of prevention materials available or information on how to start a chapter, Louisiana SAFE KIDS may be contacted at (504) 568-2508.



H. ADOLESCENT SCHOOL HEALTH INITIATIVE

Pursuant to a legislative request, the DHH OFFICE OF PUBLIC HEALTH (OPH) conducted a study in 1990 that concluded that the causes of adolescent deaths and illnesses could be reduced or prevented through greater adolescent health education and improved teen access to primary/preventive health care and professional counseling. Therefore, in 1991, the Louisiana State Legislature created the Adolescent School Health Initiative to facilitate the development of comprehensive health centers in public middle and senior high schools.

The School-Based Health Center Program, officially known as the Adolescent School Health Initiative, is directed by the DHH-OPH, ADOLESCENT SCHOOL HEALTH PROGRAM. School Based Health Centers (SBHCs) are an integral part of the state's Coordinated School Health Program, which also encompasses education, school environment, nutrition, physical fitness, and parent and community involvement.

Sources of funding for the SBHCs include the State General Fund (Tobacco Settlement monies), Maternal and Child Health Block Grant, Preventive Health and Health Services Block Grant, local in-kind contributions, and Medicaid reimbursement.

SBHCs are established by a sponsoring agency (the grantee), which is responsible for management of the health center. Hospitals, medical schools, health departments, youth-serving agencies, community organizations, or school systems may be sponsoring agencies. Each SBHC's staff includes a licensed physician, a nurse practitioner, a registered nurse, a mental health counselor, a clinic administrator, and support staff, who work in collaboration with the counselors, social workers, psychologists, and speech, physical, and occupational therapists on school campuses. Services provided include preventive health care, medical screenings, sports and employment physical examinations, treatment for common simple illnesses, referral and follow-up for serious illnesses and emergencies. Other services include mental health counseling, immunizations, and preventive services for high-risk conditions such as pregnancy, sexually transmitted diseases, drug and alcohol abuse, violence, and injuries.

In the academic year 2002-2003, 51 SBHCs were operational in 23 parishes, serving 85 public schools and providing access to nearly 50,000 students. Many sites have expanded services to primary and elementary feeder schools. In the 2002-2003 school year, 28,384 students received services, comprising a total of 139,353 individual visits to the centers. This number does not include students who participated in group counseling sessions with mental health professionals.



I. LOUISIANA'S SERVICE SYSTEM FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

The DHH OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES (OCDD) administers the Mental Retardation/Developmental Disabilities (MRDD) Services System. OCDD provides an evaluation of developmental disabilities for persons and/or their families who request such. This evaluation determines the individual's eligibility for services through Louisiana's MR/DD Services System. Eligibility is based on the definition of developmental disability contained in LA R.S. 28:380 et seq.: developmental disability is a severe, chronic disability that is attributable to mental retardation, cerebral palsy, epilepsy, autism, or to any other condition (except mental illness) found to be closely related to mental retardation. Related conditions are included when they result in impairment of general intellectual functioning or adaptive behavior similar to that of persons who have mental retardation or require similar treatment and services. The disability must have occurred prior to age 22; be likely to continue indefinitely; and result in substantial limitations in three or more areas of major life activities, such as self-care, language, learning, mobility, self-direction, and capacity for independent living.

The MR/DD Services System includes public and private residential services and other supports and services to persons with mental retardation and/or developmental disabilities; it is administered through eight community services regional offices and nine developmental centers. These offices and centers are located statewide in or near major cities and provide a range of supports and services that equip the individual or family to plan for, prevent, or lessen the impact of adverse outcomes from the individual's disability. The community services regional offices serve as the points of entry for individuals to receive services from both the regional offices and the developmental centers.

The nine developmental centers provide a variety of residential supports and services, including care and treatment in the residential facility, community-based services such as community homes, extended family living services, Supported Independent Living Program, and day vocational services to their local communities. In concert with the community services regional offices, the developmental centers provide planning and follow-up services for those individuals who have chosen to move from the facilities to live in the community. Family involvement in this process is critical to success.

OCDD community regional offices offer a broad range of services including individual and family supports, such as personal care assistance, cash subsidy, respite, crisis intervention, and supported living services. OCDD regional offices also offer vocational services for adults. These services are provided by private provider agencies through contractual agreements or through individualized agreements with individuals and families who obtain their own service providers. The services are described below.



- The Individual and Family Support Program provides resources to people with developmental disabilities to allow them to live in their own homes or with their families in their own community. Regional offices administer the program through state general fund monies to provide support that is not available from any other source. Individual and Family Support services include, but are not limited to: respite care, personal assistance services, specialized clothing (e.g., adult briefs), dental and medical services not covered by other sources, equipments and supplies, communication services, crisis intervention, specialized nutrition, and family education. Requests for Family Support funding are reviewed each year or when a person's needs change.
- The Cash Subsidy Program provides a monthly stipend to families of eligible children with severe disabilities, until the age of 18. Funds are intended to help families meet the extraordinary cost associated with maintaining their child in the home. Stipends are awarded to eligible children on a first come, first serve basis.
- The Resource Centers are new initiatives implemented in state fiscal year 2003 that provide leadership, enhance communication and collaboration, and increase the availability and capacity of support and services to people with developmental disabilities. Services provided include training opportunities, training curriculum development, provision of resource materials, resource guides, peer reviews, and program reviews. There are five Resource Centers in the state, each offering specialized information and expertise: **Resource Center on Aging with Developmental Disabilities** – Columbia, **Resource Center on Community Inclusion** – Lake Charles, **Resource Center on Dental & Medical Supports** – Belle Chasse, **Resource Center on Nutritional, Physical & Nursing Supports** – Pineville, and **Resource Center on Psychiatric & Behavioral Supports** – Hammond.

There are six Community Support Teams located in various regions throughout the state; they are managed through local developmental centers and accessed through OCDD Regional Offices. Community Support Teams provide support and services to people with developmental disabilities who need intensive treatment intervention, thus allowing them to remain in their community living setting. The support and services include: initial and ongoing assessment, psychiatric services, family support and education, support coordination, and other services critical to an individual's ability to live successfully in the community. Community Support Teams, which consist of psychologists, social workers, nurses, and psychiatrists, provide support and services on an as-needed basis, 24 hours a day, seven days a week. Additionally, Community Support Team services are provided in the community rather than in an office-based practice and combine skills development with clinical management.



J. NUTRITION SERVICES PROGRAM

Nutrition Services in the Office of Public Health (OPH) are comprised of several programs, including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the Commodity Supplemental Food Program (CSFP); the 5-A-Day Program; operation of the Center for Disease Control and Prevention's (CDC's) Pediatric Enhanced Nutrition Surveillance System (PEDNSS); and nutrition consultative services currently provided for the Maternal and Child Health Program, the Children's Special Health Services Program, the Genetics Program, and the Family Planning Program. The overriding goal of Nutrition Services is to promote health through nutrition education and, when necessary, through medical nutrition therapy.

The **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** is the largest program operated by OPH Nutrition Services. The Program serves pregnant, breastfeeding and postpartum women, infants, and children up to the age of 5 years who meet eligibility criteria, including an income of less than 185 percent of the poverty level. WIC is available through a statewide system of 128 clinics located in parish health units and contract local agencies. During federal fiscal year 2003, the state served approximately 133,403 women, infants, and children, which represented a 1 percent increase over the previous year.

The WIC Program in Louisiana is 100 percent federally funded by a grant from the United States Department of Agriculture (USDA) totaling \$86 million during federal fiscal year 2003. Sixty-four million dollars of that total were allocated directly to the purchase of specific supplemental foods rich in vitamins A and C, iron, calcium, and protein. Foods are provided through the issuance of vouchers, which are redeemed at approximately 830 approved WIC vendors across the state, thus impacting the state's economy.

In addition to the provision of supplemental foods, the WIC Program provides services including assessment of nutrition risk; development of a nutrition plan of care; and nutrition counseling based on nutrition risk, educational activities, reassessment, and continued nutrition guidance. Prenatal nutrition counseling is extremely important to ensure healthy pregnancy outcomes. Breastfeeding is promoted to prenatal women as a means of providing optimal nutrition and health for their babies. In 2003, the Louisiana WIC Program joined the efforts against childhood obesity by participating in the development of a videoconference by the Southwest Regional Office of the USDA. Clinic staffs statewide were trained on issues relative to the prevention of childhood obesity. Nutrition education modules regarding these issues were developed for use in the WIC clinics on a statewide basis.



The **Commodity Supplemental Food Program (CSFP)** is also 100 percent federally funded by a grant from USDA. This program provides monthly food boxes primarily to senior citizens, but also serves pregnant women, breastfeeding and postpartum women, infants, and children up to 6 years of age. Participation in the program is approximately 86,000 individuals per month, of whom 80,500 (93 percent) are senior citizens. The CSFP grant for federal fiscal year 2003 was approximately \$4.2 million. Foods provided for the program are purchased by the USDA and distributed to the participating states around the country. In Louisiana, the CSFP program is administered through a subcontract with the Catholic Archdiocese of New Orleans, which operates at 300 sites in 56 parishes in the southern portion of the state.

DHH-OPH Nutrition Services has been designated as the licensee in Louisiana for the national **5-A-Day Program**. While no funding exists for this program, the state does benefit from the national public partnership with the National Cancer Institute within the National Institutes of Health of the U.S. Department of Health and Human Services, and a national private partnership with the Produce for Better Health Foundation. The state is able to access free materials on the benefits of consuming at least five servings of fruits and vegetables per day, which are then distributed to the public through the system of parish health units around the state. In addition to the general benefits of good health that fruit and vegetable consumption provide, consuming five servings of fruits and vegetables per day has been associated with a decrease in cancer occurrence in 13 anatomical sites. Considering the high cancer rate in Louisiana, it is important to promote fruit and vegetable consumption; with only 19 percent of the population consuming at least five servings of fruits and vegetables per day, the state currently falls below the national average of 25 percent of residents achieving recommended consumption levels.

The **Pediatric Enhanced Nutrition Surveillance System (PEDNSS)** is a collaborative effort with the CDC whereby anthropometric and laboratory data obtained on participants in the WIC program are analyzed in order to identify the participants at highest nutrition risk in the state. These data enable nutritionists in the public health system to provide intervention techniques to improve the health status of the children in Louisiana.

Consultative services are provided statewide to Louisiana's population participating in the Maternal and Child Health Program, the Genetics Program, the Children's Special Health Services Program, and the Family Planning Program. These services are provided both at the state level (directly to program managers) and at the local level (by public health nutritionists in the communities around the state). Consultation relative to these programs usually involves medical nutrition therapy providing intervention in cases of underweight, overweight, oral motor dysfunction, and metabolic disorders such as PKU and galactosemia. Nutrition intervention is essential in managing these conditions.



Programs Targeting Infectious Diseases

K. TUBERCULOSIS (TB) PREVENTION AND OUTREACH

Through the work of Disease Intervention Specialists (DIS), the DHH-OPH TB CONTROL SECTION monitors the treatment of reported cases of TB statewide. The DIS staff accomplishes this monitoring through Directly Observed Therapy (DOT), which is a service provided to ensure compliance with and completion of TB treatment for all Louisiana patients in either public or private health care settings. The DIS staff also investigates each case of TB to assure timely identification and evaluation of contacts to TB. Of those patients whose TB cases have been designated “closed,” 93 percent completed therapy in 2000 and 95 percent completed therapy in 1999, as compared with the 96 percent completing therapy among the “closed” cases in 1998. The high therapy completion was due to both the intense DOT efforts of DIS staff and to the utilization of incentives and enablers.

L. SEXUALLY TRANSMITTED DISEASES (STDs) AND HIV/AIDS PREVENTION PROGRAMS

DHH/OPH aims to prevent the spread of STDs and HIV/AIDS through a variety of methods, including: prevention education; HIV counseling, testing, and referral; and partner notification. Other methods include STD treatment and control (including syphilis partner notification) and encouraging patients with other STDs to have their partners seek medical treatment as STD contacts. Additional activities implemented statewide by DHH/OPH involve peer programs, street and community outreach in selected zip code areas, and condom distribution via businesses in communities with high rates of STDs and HIV/AIDS.

STDs

STD control is a labor-intensive task which relies on the rapid location of a person's sexual partners in the community to halt further spread of the disease. The OPH STD CONTROL PROGRAM conducts the following four basic activities in order to prevent the spread of disease:

- Prevention activities which provide education and information to patients and the general public about STDs and the use of condoms;
- Clinical services that include the testing, diagnosis, and treatment of patients seen in public health clinics;
- Epidemiology in conjunction with surveillance, location, and referral of persons suspected of having an STD for examination and early treatment; and



- Targeted screening, which is a mechanism to discover infections in certain populations and determine disease prevalence.

To reach people who have the highest risk of infection, the STD CONTROL PROGRAM works with a number of other health-related programs, including MATERNAL and CHILD HEALTH, FAMILY PLANNING, correctional institutions, substance abuse centers, and other facilities where STDs may be prevalent. Through collaboration with these programs and efforts of STD field personnel, 250,000 STD screening tests are administered annually.

HIV/AIDS

The HIV/AIDS Prevention component of the program is driven by the CDC's required community planning process. This process operated under the structure of 10 local and regional advisory groups and one statewide planning group that ultimately had the responsibility for developing and producing a comprehensive HIV/STD statewide prevention plan. DHH/OPH co-chaired all of these bodies and supported, facilitated, and coordinated this statewide activity. These regional and local groups met monthly, while the statewide group met twice during the year. A three-year HIV/STD Prevention Comprehensive Statewide Plan was developed and submitted with the OPH HIV/AIDS PROGRAM (HAP) Cooperative Agreement to the CDC. This plan identified and prioritized target populations, intervention strategies, and geographic locations throughout the state where HIV/STD prevention activities should be conducted with individuals at high risk for these diseases.

During 2003, OPH/HAP provided support, contract monitoring, technical assistance, capacity building, and training to 28 funded community-based organizations. These organizations conducted the following interventions: prevention resource distribution, street outreach, venue based outreach, small group peer programs, popular opinion leader programs, and prevention counseling and testing. Additionally, statewide public health, STD, substance abuse, and mental health clinics participate in partner counseling and referral services, as well as HIV prevention counseling and testing interventions.

The following accomplishments were reported in 2003: A total of 55,144 prevention counseling sessions were conducted by 178 organizations; 579 new HIV infections were detected through the prevention counseling, 373 individuals were trained in prevention counseling and outreach; 429,892 street outreach contacts were conducted; 715 educational sessions, which trained 86 peer leaders and 1,985 peer participants, were conducted; 3,122 telephone calls were received by the Statewide Hotline; and 187,489 brochures were distributed to the residents of Louisiana.

The Perinatal HIV Prevention Program, now in its fifth year, was funded by a grant from CDC. This grant has now become part of the annual base award for the HIV/AIDS Prevention Program. The focus of the



perinatal program is to maximally prevent mother-to-child transmission of HIV through promotion of the nationally recommended testing and treatment protocols and by strengthening linkages to care.

As part of these efforts, the HIV/AIDS Program has distributed education materials statewide, and is continuing to reach out to clinicians and medical centers statewide to promote the U.S. Public Health Service recommendations for screening and treatment of HIV for pregnant women and their newborns. In collaboration with the Family Advocacy Care and Educational Services Program, the HIV/AIDS Program has distributed folders with patient and clinician education materials to over 2,500 obstetricians/gynecologists and family practice physicians and pediatricians, residency programs, medical centers, parish health units, clinics, and social service agencies throughout Louisiana. In addition, over 50,000 pocket cards have been distributed to females at high risk during street outreach. These materials are available and can be ordered through the HIV/AIDS Program Clearinghouse Resource Center.

Programs Targeting Chronic Diseases

M. HEART DISEASE AND STROKE PREVENTION PROGRAM

Heart disease and stroke are the first and third leading cause of death in Louisiana respectively. According to the American Heart Association, Louisiana has the fourth highest cardiovascular age-adjusted death rate in the nation. High blood pressure and high blood cholesterol are two major modifiable risk factors that increase the risk of heart disease and stroke. According to the latest BRFSS, 944,000 of Louisiana adults (29.2 percent) have high blood pressure in Louisiana.

The Heart Disease and Stroke Prevention section of the OPH Community Health Promotion and Chronic Disease Program has developed a state plan to prevent Heart Disease and Stroke. The fundamental goal of this plan is to reduce the burden of cardiovascular (CVD) and cerebrovascular disease on the state. Through a coalition and partnership with key players in DHH as well as outside business, community, and faith organizations, health care providers, and schools, efforts and resources have come together to work towards their shared vision of a heart-healthy and stroke-free Louisiana.

The Heart Disease and Stroke Prevention Coalition has focused mainly on developing measurable objectives related to high blood pressure, high blood cholesterol, and secondary prevention. The objectives are designed to promote activities that can be implemented in communities, schools, worksites, and healthcare settings.

In 2003, surveillance was conducted in both the health care and worksite settings which identified areas for program intervention. Working collaboratively with the American Heart Association, the Heart Disease



and Stroke program helped to implement Provider and Emergency Medical Dispatch Stroke Education conferences. Several successful conferences were held statewide in 2003. Combined with efforts of the Bureau of EMS on EMS education, the state built a three-tiered wall of defense against stroke.

The Heart Disease and Stroke Prevention program continues to provide infrastructure support for further development of the Louisiana Inpatient Hospital Discharge Database, which is a prime source of data used to target program activities. Also, through a contract with the **University of Louisiana at Monroe**, baseline data are provided and used to develop measurable objectives and define the burden of CVD on the state.

Activities planned for 2004 include collaboration with the American Heart Association to conduct a statewide training conference on compliance with nationally recognized guidelines for treatment of heart disease, and collaboration with community health centers for appropriate treatment and follow-up of patients with identified risk factors for heart disease and stroke and reoccurrence of heart attack and stroke.

N. DIABETES CONTROL PROGRAM

The Louisiana DIABETES PREVENTION AND CONTROL PROGRAM (DPCP) began receiving funding from CDC on October 1, 1996. The overall goal of the program is to reduce the burden of diabetes in Louisiana using the following methods: *monitoring* the prevalence and incidence of diabetes and available care and education opportunities; *informing* the population on how to use existing resources as efficiently and effectively as possible; and *strengthening* weak points in the diabetes care system. Through these methods, DPCP hopes to reduce morbidity and mortality related to diabetes in the state. It is hoped that future efforts will focus on primary prevention of type-2 diabetes through obesity prevention for high-risk groups.

Activities supported by the Louisiana DPCP include the following:

- **Coordinate diabetes efforts with other prevention activities.** Because of the overlap in intervention strategies and risk factors for diabetes, cardiovascular health, and tobacco use, the Health Promotion and Chronic Disease Control Section of OPH, which administers the Louisiana DPCP, will integrate reducing the burden of diabetes with existing programs. This program includes collaborating to develop and implement standards and quality assurance for preventive services in clinical settings and community-based interventions that target risk and preventive healthcare-seeking behaviors, as well as community-based and statewide marketing of health messages aimed at the 10 leading causes of death.



- **Create a comprehensive surveillance and evaluation system** using existing vital statistics, surveillance data, client encounter-based systems, and data from the Behavioral Risk Factor Surveillance System. A diabetes module has been in the surveillance system since 1997. A partnership has been established with the Louisiana State University Health Sciences Center. Collaborations have also been developed or strengthened with the Louisiana Diabetes Association, Medicaid, and the Louisiana Healthcare Review, as well as with managed care organizations, insurers, and employers.
- **National Health Disparities Collaborative.** This effort is being addressed through a contract with the City of New Orleans Department of Health, Healthcare for the Homeless Clinic. The goal is to reduce the burden of diabetes in disparate populations by increasing the capacity to provide diabetes patient education and improve the data management system that tracks the health care of the homeless patients on the diabetes registry.
- **A statewide Diabetes Advisory Council.** The Council will develop diabetes standards of care guidelines and a state plan for Louisiana. The Council also serves as a catalyst for collaboration among public, private, and community-based organizations around diabetes issues.
- **Provider education** is being addressed through the "Defeat Diabetes through Education" project of the Southwest Louisiana Area Health Education Center to provide diabetes education and training to students in medical, nursing, and other health profession schools. The goal is for the students to learn how to provide appropriate and adequate diabetes education, screening, and examinations to rural, low income, and minority populations.

O. TOBACCO CONTROL PROGRAM

The OPH Tobacco Louisiana TOBACCO CONTROL PROGRAM (TCP) is committed to promoting partnerships and using research-based strategies for tobacco prevention, control, and awareness in order to empower citizens to make healthy lifestyle choices and strive to create a tobacco-free Louisiana.

Program Impact Statement

The Louisiana TCP has been working diligently to decrease the burden of tobacco use on the residents of the state through evidence-based strategies and activities. The program's community outreach efforts to prevent tobacco use and decrease current smoking through cessation services have benefited a diverse group of Louisiana residents. Furthermore, the program's success can be measured by the fact that, in spite of the millions of dollars that are spent each year by the tobacco industry to lure people into the smoking addiction, the number of adult Louisiana smokers has remained constant over the past 10 years.



Goals

The TCP's goals are to: 1) prevent non-smokers from starting; 2) help current smokers to quit; 3) prevent exposure to second-hand smoke; and 4) eliminate health disparities among special populations to reduce the burden of tobacco-related diseases.

Tobacco Facts

- Tobacco use is the single most preventable cause of death and disability in our society, causing more deaths every year than AIDS, alcohol, car crashes, murders, suicides, and illegal drugs combined.²
- Approximately 100,000 youth in Louisiana are projected to die prematurely due to smoking.²
- An increasing number of adolescents in Louisiana become addicted to tobacco products at an early age and go on to become chronic users each day.³
- One in four adults in Louisiana (752,000) is a current smoker.⁴
- One in four Louisiana children has tried cigarettes by the 6th grade.³
- Tobacco causes one in five deaths in Louisiana.⁵
- The economic cost to the state associated with tobacco use is approximately \$1.46 billion a year.⁵
- Children exposed to environmental tobacco smoke (ETS), or second-hand smoke, are at an increased risk for sudden infant death syndrome, acute respiratory tract infections, asthma induction and exacerbation, and middle ear infections.⁶
- Approximately 744,000 Louisiana children under the age of 18 years were exposed to ETS inside their homes.⁴
- One in five mothers of newborns reported smoking cigarettes during the first 3 to 6 months after delivery.⁷

The Program

Implemented in 1993, OPH/TCP focuses on: increasing community awareness of the harmful effects of ETS; assisting communities in policy development which makes tobacco use less socially acceptable; empowering youth and adults to recognize tobacco industry advertising tactics used to promote smoking; and developing strategies to counter these messages.

² Centers for Disease Control and Prevention. Projected smoking-related deaths among youth – United States, 1996. *Morbidity and Mortality Weekly Report* 1996;45(44):971-4

³ Tobacco Control Program, Office of Public Health, Louisiana Department of Health and Hospitals. Louisiana Youth Tobacco Survey (LYTS) – 2000.

⁴ Chronic Disease Epidemiology Unit, Office of Public Health, Louisiana Department of Health and Hospitals. Behavioral Risk Factor Surveillance System (BRFSS), 2000.

⁵ Chronic Disease Epidemiology Unit, Office of Public Health, Louisiana Department of Health and Hospitals. Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) Report – Louisiana 1999

⁶ EPA. Respiratory health effects of passive smoking: Lung cancer and other disorders. EPA/600/6-90/006F; December 1992.

⁷ Louisiana Office of Public Health. Louisiana Pregnancy Risk Assessment System (LAPRAMS), 2000.



The program plan and components are based on the *Best Practices For Comprehensive Tobacco Control Programs* recommended by Office on Smoking and Health of CDC. These specific components are:

Community Interventions for Tobacco Control

Community mobilization and empowerment make up a significant component of the OPH/TCP initiatives. The program provides grants to community-oriented organizations to coordinate community planning and capacity building for tobacco prevention and control.

Tobacco Control Program Policy Priorities

OPH/TCP promotes policy development and change by encouraging an increase in tobacco excise taxes (which is directly related to a decrease in consumption by youth) and promoting clean indoor air in public places, worksites, schools, and all other places where children learn and play.

Strategic Use of Media

The Louisiana TCP is executing two marketing and public relations outreach campaigns. The Educational and Promotional Multimedia Smoking Cessation Campaign is aimed at those who want to quit smoking. It will also promote the use of the toll-free 1-800-LUNG-USA smoking cessation helpline. The Educational and Promotional Multimedia Second Hand Smoke Campaign informs the public of the risks associated with tobacco use and promotes changes in behavior to reduce exposure to second-hand smoke through radio and print ads and the cutting-edge Louisiana-specific website www.BreatheEasyBayou.com. The website provides information for various audiences including pregnant women, restaurant/bar workers, and businesses owners, among others. The website also encourages web visitors to "Tell Their Story" about ETS by posting their stories directly to the site, which the program utilizes in media outreach activities. The ultimate goal of the campaign is to decrease the number of tobacco smokers and to reduce the number of people exposed to ETS. The second hand smoke media campaign also aspires to eliminate and prevent first time smoking among the youth population and to encourage worksites and major public facilities to establish and implement smoke-free policies. Louisiana residents will be exposed to television and radio commercials, billboards, and other print materials that will convey both the cessation and second-hand smoke messages.

Cessation Services

TCP receives funding from CDC and the State of Louisiana. In 2002, the Legislature awarded OPH \$500,000 for tobacco cessation efforts. OPH-TCP has used the funding to implement the 1-800-LUNG-USA helpline and establish Freedom From Smoking (FFS) clinics both in person and online, at www.ffsonline.org, throughout the state. The FFS clinics target Medicaid patients, the uninsured, and state workers. OPH-TCP sponsors the cessation helpline as a free service to all Louisiana residents. Both the cessation helpline and the FFS clinics are provided through a partnership with the American Lung Association of Louisiana.



OPH-TCP also provides a Perinatal Cessation Program. Through this program, medical professionals in the state are trained to counsel pregnant and post partum women on quitting smoking and the negative health effects of smoking while pregnant and/or while in the presence of their children. This program also provides outreach to the pregnant and post partum women by working with workplaces, churches and community organizations that involve women of childbearing age. These services are provided through partnerships with the American Cancer Society and the American Lung Association of Louisiana. This program is evaluated by the Louisiana State University Health Science Center School of Nursing.

Interfaith Program

The purpose of this program is to develop a statewide interfaith organization, identify and train congregational health advocates, identify and train regional health ministers, and to serve as a forum for pastors and lay leaders in Louisiana's faith communities statewide. Through the Interfaith Program, Congregational Health Advocates are trained to provide tobacco prevention education in churches statewide. The Congregational Health Advocates serve as a conduit to help churches to go smoke-free both collectively as a congregation through smoke-free church policies and as individual members. The purpose is to involve faith-based organizations (FBOs), such as churches as an integral part of the community in the area of advocating for smoke-free policies, environments, homes, and families. The program is headed by two FBOs/Community-based organizations: the LeBrane Legacy Foundation and Holy Temple International, Inc. Over 100 congregational health advocates have been trained. Relationships have been established with the Church of God in Christ, the National Baptist Convention, Southern Baptist Convention, non-denominational churches, Apostolic churches, low socioeconomic-status populations through the Catholic Archdiocese of New Orleans, the Baha'i faith, and Muslim masjids (mosques). Capacity building is achieved through presentations, training, and congregational meetings. The program promotes quitting by helping pastors set up health ministries. Collaborating programs include the Coalition For A Tobacco-Free Louisiana, Communities of Color, American Heart Association, American Lung Association, Rapides Foundation, McFarland Center, and the Office of the Social Apostolate of the Archdiocese. Religious leaders and laity have shown great interest in the tobacco control efforts and are particularly interested in smoking cessation strategies. Currently, the program is producing a faith based resource guide on health related information with the goal of building healthier churches throughout Louisiana.

Diversity Program

The purpose of this program is to identify and eliminate disparities among specific population groups. Currently, the diversity program works to serve four disparate groups: 18-24 year olds, blacks, Vietnamese, and Hispanics. OPH-TCP is currently developing projects that address each of these groups directly.



To address the disparity among 18-24 year olds, OPH-TCP is currently implementing the Bacchus Gamma “Step by Step Program” which is CDC-approved and recommended. Step by Step is a detailed guide to developing student advocacy groups on college campuses to address tobacco control. This project involves developing campus advocacy groups on 13 of the state’s major colleges and universities. The program will be expanded to include more universities in the coming years due to an exceptional interest among the campuses and the specific requests received from university presidents.

In order to address the plight of tobacco-related illness in the black community, TCP is currently mobilizing this community statewide around the topic of tobacco prevention, cessation and control by making links and contacts with community leaders that will result in 9 regional advocacy groups that will serve as the Louisiana African American Tobacco Control Network. The first year of this initiative is culminating in an unprecedented African American Summit on Tobacco and Health in Louisiana.

The Vietnamese community is a unique community that is growing and in need of specific messaging and programming. In 2002, OPH-TCP conducted a needs assessment in the Vietnamese community throughout the Greater New Orleans area. The information is now being used to provide effective programming such as education and awareness in the Vietnamese community. Currently, the program is working to identify translators and community leaders to become partners in tobacco control activities specifically geared toward these citizens.

The Hispanic community is the fastest growing minority community in the nation, which also requires specific messaging and programming as a form of outreach. Currently, OPH-TCP is working toward offering perinatal cessation brochures and other materials in Spanish to effectively include these citizens and serve them. In July 2003, OPH-TCP contracted with an organization in New Orleans to conduct a needs assessment of the Hispanic community in the Greater New Orleans Area. This assessment will be used to provide specific programming geared directly toward eliminating tobacco related health disparities in the Hispanic community statewide.

OPH-TCP is also currently working with the Governor’s Council on Physical Fitness and Sports to eliminate disparities in the American Indian community statewide by conducting programs in the Cherokee/Chahta/Creek tribe in Slidell.

CDC has requested that each state address all of the aforementioned groups. There are a number of other groups that will be reached in the near future including the Gay Lesbian Bisexual Transgender group and institutionalized smokers.

***Youth Tobacco Prevention and Youth Advocacy***

OPH-TCP also funds a Youth Tobacco Prevention Program which focuses mostly on sports as an alternative to tobacco use and involves collaboration between the Governor's Council on Physical Fitness and Sports and the New Orleans Saints Organization. This program encourages activism and leadership among elementary, middle, and high school students.

Through TCP's Youth Advocacy Program, youth ranging from middle-school age to college age are trained to advocate for policy and environmental change. The current focus is on increasing the state excise tax on tobacco products, advocating clean indoor air, and increasing the number of smoke-free environments statewide. OPH-TCP also educates the youth in media literacy, which, enables them to understand the tactics used by the tobacco industry to target them for tobacco use. Media literacy is the ability to "read" television and mass media. It also provides the tools necessary to access, analyze, and evaluate the persuasion methods used in commercial media. By examining who pays for an advertisement, how the advertisement is made, and the messages in an advertisement, youth learn to identify the marketing methods used to communicate primary and secondary messages. Media literacy training identifies the commercial influences on tobacco use. These young people conduct their own activities at the State Capitol and host programs during national observances such as KICK BUTTS DAY and WORLD NO TOBACCO DAY.

Tobacco Surveillance and Evaluation**Current Surveillance Efforts**

OPH/TCP collects data on tobacco-use patterns through the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Tobacco Survey (YTS). The information obtained from BRFSS assists in: identifying the need for interventions; monitoring the effectiveness of existing interventions and prevention programs; developing health policy and legislation; and measuring progress toward attaining state and national health objectives. The YTS gathers information about tobacco use patterns among middle and high school students and provides valuable information for program planning, implementation, and evaluation.

Current Evaluation Efforts

The Louisiana TCP has contracted with the University of North Carolina (UNC) at Chapel Hill to perform a comprehensive evaluation of the program. This evaluation will include the measurement of program outcomes and the impact the Louisiana TCP is having statewide. UNC-Chapel Hill has a verifiable track record in the field of tobacco control evaluation and will equip the Louisiana TCP staff with the expertise to maintain evaluation efforts once their contract has ended.



Riester-Robb, one of the country's leading public relations firms, is the media contractor for the Louisiana TCP. Through a request for proposals (RFP) process, Riester-Robb was awarded the contract with the Louisiana TCP to develop and implement a statewide secondhand smoke education campaign and tobacco cessation effort. The secondhand smoke campaign is currently being evaluated and the campaign's awareness, message recall, attitudinal changes, perceptual changes, and, most importantly, behavior changes are being monitored on an ongoing basis. All data generated are compared to the originally established baseline data. This methodology will allow the Louisiana TCP to fully document campaign progress.

The Louisiana State University Health Sciences Center (LSUHSC) School of Nursing is currently evaluating the Perinatal Smoking Cessation Program, with Dr. Demetrius Porche as the principal investigator. The final results of this evaluation will provide recommendations for further program development and health policy that impacts tobacco usage among pregnant women in Louisiana.

Accomplishments of the TCP:

- The Louisiana Department of Education and OPH / TCP have teamed together to begin the formulation of a comprehensive tobacco-free school policy for the entire state. Preliminary meetings have taken place and a written policy is being formulated. The goal is to present the policy to the Louisiana Board of Elementary and Secondary Education by the Fall of 2004.
- OPH / TCP, in conjunction with the Coalition for a Tobacco Free Louisiana (CTFLA), hosted a Communities of Color Meeting in which participants were educated about the problems of tobacco use.
- OPH / TCP, and CTFLA jointly conducted Advocacy Training.
- OPH / TCP, and CTFLA completed two memorandums of understanding (MOUs) for the legislative session in 2004 and 2005. These MOUs clearly state that CTFLA will take the lead role in advocating and educating for TCP's goals of restoring local control in 2004 and increasing the state excise tax on tobacco products in 2005.
- Conducted a radio and print advertisement campaign on ETS, added a website component to the program's ETS media campaign (www.BreatheEasyBayou.com), and conducted media with public relations events around the State of Louisiana.
- TCP's five-year strategic plan was completed in April 2003. The program is on target with the plans and recommendations.
- TCP has collaborated with the newly organized Louisiana Comprehensive Cancer Control Plan, which will develop and execute a statewide comprehensive cancer control plan with a specific tobacco use work group, by submitting the program's strategic plan to use a model for the tobacco use section.



- With partial support from TCP, the BRFSS expanded its sample size from 5,000 to 9,000 for the 2004 survey year. In addition to the core Tobacco questions, 3 optional modules (Other Tobacco Products, Smoking Cessation, Secondhand Smoke Policy), and 3 state added questions were included. For the first time, Louisiana is now positioned to collect critical data on tobacco indicators and evaluation measurements for each of the state's 9 OPH Regions. This enhanced geographical capability will allow for Louisiana to identify disparities related to geography. Furthermore, this vastly larger sample size will also allow for detailed analysis of indicators by race, sex, and age.
- TCP successfully partnered with the Heart Disease and Stroke Program on two statewide data collection ventures: Workplace Wellness Survey, and Healthcare Site Survey.
- Together with the Heart Disease and Stroke Program and the Tulane University Prevention Research Center (PRC), TCP has embarked on a collaborative project to assess the status of worksite health promotion policies in business and industry across Louisiana. The PRC is in the process of administering a telephone survey to obtain workplace wellness information on businesses across the state.

Partners include:

- **American Lung Association of Louisiana**—"To Quit Smoking for Good" Call 1-800-LUNG-USA.
- **Louisiana Public Health Institute (LPHI)**—LPHI is also the site of the Coalition for a Tobacco-Free Louisiana and the Campaign for Tobacco Free-Living. OPH/TCP is a participating member of this statewide coalition of public and private agencies, institutions, and individuals dedicated to the cause of tobacco prevention and control in the state.
- **University of New Orleans Conference Services** - serves as a logistics contractor for all trainings, conferences and meetings.
- **New Orleans Saints—Youth Tobacco Prevention Physical Activity Program** - incorporates tobacco control policies and clean indoor air messages in the Healthy Living portion of the Junior Training Camp and the Sunday Morning Football Program.
- **American Cancer Society**—"Make Yours A Fresh Start Family" - Provides training to public and private medical providers in the area of counseling pregnant and post partum smokers.
- **LeBrane Legacy Foundation / Congregational Health Advocates in Tobacco (C.H.A.N.T.) and Holy Temple International, Inc.** - This grassroots coalition seeks to eliminate exposure to second hand smoke and advocates local involvement, particularly by faith-based organizations, in community tobacco policy.
- **Governor's Council on Physical Fitness and Sports** - The Council identifies elementary and middle-school students who participated in the statewide, 30-parish fitness assessment study and who are at risk of becoming habitual smokers. These students will be informed about the dangers of tobacco and tobacco-related products along with other tobacco control and prevention initiatives. This program reaches 90,000 school-age children statewide.



- **Mothers Against Drugs of Louisiana, Inc.** - Conducts tobacco control policy presentations covering topics such as the passage of local smoke free air ordinances and other tobacco related topics in order to promote policy change locally throughout Caddo Parish, Bossier, Red River, and De Soto parishes.
- **Gibbsland Youth Community Resource Center** - Promotes clean indoor air policies throughout Claiborne, Webster, Lincoln, Bienville, Jackson, and Union parishes by conducting tobacco control policy presentations to parish and municipal governments, school boards, business/trade/civic organizations, and worksites/public places to develop formal smoking policies that prohibit smoking indoors.
- **Southwest Louisiana Area Health Education Center (SWLAHEC)** - Serves a 13-parish area of southwestern Louisiana. SWLAHEC has played a significant role in the establishment of a tobacco control coalition in its service area and advocating tobacco control policies for the state.
- **No Smoking Environment Coalition (NoSE)**-Promotes the passage of local smoke-free ordinances and educates decision makers and community leaders/members on the dangers of second-hand smoke through presentations and community forums.
- **Empowering Communities of America**- Provides tobacco control prevention and education to nine parishes of northern Louisiana. This organization is taking the lead in their area in bringing together local businesses, school systems, and city governments in taking a stand against tobacco use.

P. ASTHMA PROGRAM

Asthma is a chronic lung disease characterized by acute episodes or attacks of breathing problems such as coughing, wheezing, chest tightness, and shortness of breath. These symptoms are caused by airway swelling, blocked airways, and increased responsiveness of the airways to a variety of stimuli or "triggers." The triggers that cause an asthma episode vary with individuals; the most common include:

- allergens such as pollen, animal dander, dust mites, and molds;
- irritants such as cold air, strong odors, weather changes, and cigarette smoke;
- upper respiratory infections such as a cold or flu; and
- physical exercise, especially in cold weather.

The Community Health Promotion and Chronic Disease Section has recently established a statewide Asthma Program. This program's objectives are to:

- Develop relationships with other organizations and stakeholders within the community and throughout the state to create an Asthma Coalition.



- Prepare grant applications for submitting to the U.S. Environmental Protection Agency (EPA), CDC, and other federal agencies to secure funding.
- Create a State Asthma Plan to include:
 - Collection of new (and review of already-collected) asthma data.
 - Identification of persons with the condition, providing education on the importance of environmental modifications and correctly adhering to management regimens, and providing quality medical care to those in need.

Through these objectives, the Asthma Program will achieve the ultimate goals of increasing knowledge and awareness about asthma, decreasing asthma mortality and morbidity, reducing the burden of cost of asthma, creating behavior modification regarding asthma and its triggers, and reducing the number of hospitalizations and emergency room visits statewide due to asthma.

Important Asthma Facts

- An estimated 200,000 adults in Louisiana currently suffer from asthma.
- One in ten Louisiana households with children have, at least, one child with asthma.
- Asthma disproportionately affects the poor, minorities, and women.
- Asthma costs Louisiana approximately \$184 million every year.

Programs Targeting Substance Abuse

Q. ALCOHOL, DRUG, TOBACCO, AND PREVENTION ADDICTION SERVICES

The Impact of Substance Abuse: OFFICE FOR ADDICTIVE DISORDERS (OAD) Services

Substance abuse has been called the nation's number one health problem.⁸ Research indicates that it is associated with poor health, disruptive social relations, decreased work productivity, violence, crime, and child abuse. A report on chronic diseases and causes of death explains that chronic diseases are often complicated by lifestyle and environment.⁹ The actual leading causes of death in the United States are tobacco use, poor diet, physical inactivity, and alcohol use.¹⁰ Since 1989, more individuals have been incarcerated for drug offenses than for all violent crimes, and drug and alcohol abusers commit most violent crimes. Alcohol and drug abuse is implicated in three-quarters of all spouse abuse, rapes, child molestation, suicides, and homicides.¹¹ On a daily basis throughout the United States, hospital emergency rooms treat victims of gunshot wounds and other violence caused by alcohol abuse and drug addiction. Exchanging sex for drugs, practicing unsafe sex, and sharing dirty needles are high-risk

⁸ Using Social Indicators to Estimate Substance Abuse Treatment Needs in Louisiana. July 1998.

⁹ Chronic Diseases and Their Risk Factors: The Nation's Leading Causes of Death 1999. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

¹⁰ McGinnis & Forge, 1993

¹¹ The National Center on Addiction and Substance Abuse, Columbia University. 1996



behaviors that substance abusers often engage in, and which contribute to the spread of HIV/AIDS and sexually transmitted diseases (STDs).

The CENTER FOR SUBSTANCE ABUSE RESEARCH (CESAR) highlights significant findings in the field of addictive disorders and gives scientific validation to the information presented above in a weekly report distributed by fax. The death rate for drug-induced causes has increased every year since 1990, reaching 5.6 deaths per 100,000 population in 1997. While drug-induced deaths for both males and females are rising, the death rate for males is 2.4 times greater than for females, and rising more steeply. Among males, this figure was 8.4 per 100,000 in 1997, up from 4.9 in 1990. Among females, the drug-induced death rate was 3.6 in 1997, up from 2.8 in 1990. The category “drug-induced causes” includes death from dependent and non-dependent use of both legal and illegal drugs, as well as poisoning from medically prescribed and other drugs.¹² Between 50 percent and 77 percent of male adult arrestees tested positive for at least one illicit drug in 1999, according to data from 34 cities participating in a National Arrestee Drug Abuse Monitoring (ADAM) program. Marijuana was the drug most frequently detected in 24 sites, followed by cocaine in the remaining 10 sites. Treatment of cocaine-dependent persons in long-term residential and outpatient drug-free programs generated reductions in crime that more than offset the cost of the treatment, according to data from the national Drug Abuse Treatment Outcomes Study (DATOS). The average cost of crime among these cocaine-addicted clients decreased 78 percent from the year before to the year after long-term residential treatment, resulting in a \$21,360 average benefit per client. This is nearly twice the average treatment cost per episode of \$11,016. Outpatient drug-free clinics experienced slightly less savings. The average cost of crime decreased 28 percent from the year before to the year after treatment, resulting in a \$2,217 average benefit per client—1.5 times the cost of treatment. It was noted that these figures may understate the economic benefits of treatment because other areas commonly improved by treatment, such as employment and health, were not included in the study.¹³

A 2003 study by Loren Scott and Associates, Inc. estimated that, for each dollar the state puts into an alcohol and drug abuse treatment program, society enjoys a reduction in future crime and medical care cost-savings, between \$3.69 to \$5.19. Because Louisiana has one of the highest HIV infection rates in the country as well as the highest incarceration rate, it is reasonable to assume that the medical care and crime cost-savings from alcohol and drug abuse treatment programs will be greater than the national average figures cited above. Finally, it should be noted that the estimated cost savings would be greater if the effects of alcohol and drug abuse treatment programs on education, public assistance, and lost productivity were included in the analysis.¹⁴

¹² CESAR, July 17, 2000, vol.9, Issue 28

¹³ CSAT by Fax, July 19, 2000, Vol. 5, Issue 10

¹⁴ Issue Brief on Addictive Disorders, September 2003



Louisiana's substance abuse healthcare picture resembles that of the nation. Tobacco use was cited as a leading actual cause of death (i.e., played a significant role in cancer, heart disease, stroke, vascular and respiratory diseases) in 1994 in Louisiana.¹⁵ One of every five deaths was attributable to tobacco use. The LOUISIANA OFFICE OF COMMUNITY SERVICES, which provides child welfare services, estimates that, currently, up to 75 percent of the families receiving Child Protective Services interventions have some substance abuse involvement. Less than one-fifth (18 percent) of child passengers who died while being transported by a drunken driver were restrained at the time of the fatal crash, according to an analysis of data from the National Highway Traffic Safety Administration.¹⁶ In all age groups, child passenger restraint use decreased as the blood alcohol concentration of the child's driver increased. Older children were least likely to have been restrained.

A cumulative report from the DEPARTMENT OF SOCIAL SERVICES (DSS) indicates that, as of state fiscal year (SFY) 2003, 5,748 assessments have been completed under the Family Independence Temporary Assistance Program (FITAP) Drug Testing Program. OAD referral tracking records from SFY 2003 show 514 recipients (9 percent) have been referred by DSS, with 220 (43 percent) admitted to treatment. The DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS reports that approximately 75 percent of incarcerated adults have substance abuse problems. Smokers who begin smoking at a younger age are more likely than those who begin smoking at a later age to report lifetime drug use and dependency. According to the 1999 National Household Survey on Drug Abuse, the mean age of first cigarette use is currently 15.4 years.¹⁷ Because of the high prevalence and significant social, health, and economic impact/cost of substance abuse, both the state and the federal government give high priority to prevention and treatment efforts. OAD, the sole state authority for substance abuse, operates through a regionalized Community Service District (CSD)/Regions substructure. There are ten administrative regions (or CSDs) of approximately 450,000 to 500,000 inhabitants each, two of which are currently independent districts. Effective July 1, 2004, two additional independent districts, Region 1 and Region 9, will be operationalized.

Programs within OAD are categorized as either Prevention or Treatment. Prevention programs address the individual, interpersonal, social, and environmental influences that cause an individual to abuse alcohol and other drugs. Prevention program activities must include, at least, three of the following six strategies: Information Dissemination; Education; Alternatives; Problem Identification and Referral; Community-Based Process; and Environmental Processes/Social Policy/Advocacy. Prevention services have the additional responsibility of the Synar Initiative, a community development and educational

¹⁵ Chronic Disease Control Program, 1998

¹⁶ CESAR, August 21, 2000 vol. 9 issue 33

¹⁷ CESAR September 25, 2000 vol. 9 issue 38



program designed to comply with the federal and state laws regarding tobacco sales to individuals under the age of 18 years. The December 1996 baseline found 75 percent of retailers to be non-compliant. OAD implemented programs to educate tobacco vendors regarding tobacco sales to minors. Enforcement efforts are conducted via compliance checks by the OFFICE FOR ALCOHOL AND TOBACCO CONTROL through a contractual agreement with OAD. The federal mandate was to reduce the illegal sales of tobacco to minors from 75 percent to 20 percent over a five-year period. Louisiana met the federal goal in 18 months. The most current non-compliance rate available stands at 5.6 percent, which is among the best in the nation.

OAD continues to operate a statewide Tobacco Cessation Program for its clients in both outpatient and inpatient substance-abuse facilities. The program is based on Hazelden's "Your Next Step" Tobacco Cessation Program, which incorporates the 12-step model for treating chemical dependency. Nicotine patches are provided as a component of this program. In May 2002, 24 OAD facilities offered tobacco cessation services, and 450 clients were screened during the month. Seven facilities accounted for 56.4 percent of all screenings. Among tobacco users screened, 18.2 percent wanted to participate in the program. Sixteen clients (3.6 percent) were admitted to the program. The majority of clients were male (74.4 percent) and 82.9 percent of the clients used tobacco products. During the past year, 62.5 percent of the clients smoked, at least, one pack a day. With regard to discharge, 75 percent of the clients completed more than half of the modules. During the program, 100 percent did not smoke. During follow-up, 100 percent of the clients reported that they had not used as much tobacco in the previous month as they did before participation in the program.

Prevention specialists coordinate prevention services in each of the Regions and implement community-based primary prevention strategies. Research indicates that alcohol, tobacco, and other drug (ATOD) use, delinquency, school achievement, and other important outcomes in adolescence are associated with specific characteristics (i.e., risk or protective factors) in the students' communities, schools, and family environments. Evidence indicates that exposure of adolescents to a greater number of risk factors, irrespective of what the specific risk factors are, is associated with more substance use and delinquency, while exposure to more protective factors is associated with lower prevalence of these behaviors.

The analysis of risk and protective factors is the most powerful paradigm available for understanding the origin of both positive and negative adolescent behavioral outcomes and how the most successful adolescent prevention programs can be designed.¹⁸ Under the sponsorship of the CENTER OF SUBSTANCE ABUSE PREVENTION (CSAP), DHH/OAD contracted with DEVELOPMENTAL RESEARCH AND PROGRAMS, INC., of Seattle, Washington, to conduct a survey of sixth, eighth, tenth, and twelfth grade students, using the

¹⁸ *Communities that Care® Youth Survey*. May 1999.



Communities that Care ® (CTC) Youth Survey. The CTC survey was developed to provide scientifically sound information to communities on the prevalence of risk and protective factors among youth. The survey data were collected in October 1998, March 2001, and October 2002 in Louisiana public and private schools. A risk and protective factor profile was developed for the students.

Results showed Louisiana students to be above the national average for all but two of the protective factors. There was only one protective factor, Opportunities for Positive Involvement in the Community, for which Louisiana students scored significantly lower than both the National Comparison average and the CTC matched comparison. The next lowest protective factor was School Rewards for Prosocial Involvement. The most elevated risk factor was in the school domain, Academic Failure, which measures students' self-reports of their academic performance. Other risk factors that were significantly higher than the national average were Friends, Delinquent Behavior and Impulsiveness, and Poor Family Discipline. Results of the survey are posted on OAD's web page. It is important to note, the survey points out, that both risk and protective factors must be addressed for a program to be successful. OAD conducted a follow-up Louisiana Youth Survey in collaboration with the Southwest Center for Application of Prevention Technologies, University of Oklahoma. The survey began in the school system in March 2001 and was completed the following month. Analysis of these data is complete and will be used to determine the areas most in need, as well as the type and intensity of programs to be implemented. It will also enable the state to transition into a model conducive to research-based programming. Beginning with the implementation of the State Incentive Grant (SIG), OAD has funded 18 research-based projects around the state addressing Risk and Protective Factors.

OAD HAS been designated by the Office of the Governor to administer and implement the Center for Substance Prevention's SIG. The grant award is in the amount of \$8.4 million for a 3-to-5 year period. SIG is a cornerstone of the National Youth Substance Abuse Prevention Incentive (NYSAPI), which was established to assist state governors with enhanced capabilities to coordinate, leverage, and implement effective prevention strategies as well as a statewide prevention plan for its citizens.

OAD provides a continuum of treatment services: detoxification, inpatient, halfway houses, residential, and outpatient. These treatment services provide assessment, diagnosis, and treatment of alcohol abuse, alcoholism, drug abuse, and drug addiction. In addition, OAD provides services in three programs: Drug Courts (services are provided upon referral by the Courts to any OAD 24-hour care facility), Compulsive Gambling (Inpatient and Outpatient), and Driving While Intoxicated (DWI) treatment. Federal funding mandates require that OAD provide specialized services to pregnant women, women with dependent children, intravenous drug users, and those infected with HIV.



OAD continues to participate in a collaborative project between OPH and THE OFFICE OF MENTAL HEALTH (OMH) to provide services to the school-based health centers in the state. An interdepartmental agreement for School Based Health Centers (SBHCs) was approved by the Assistant Secretaries of OAD, OMH, and OPH. This agreement will afford each Office an opportunity to provide prevention and early intervention services to children and adolescents served by SBHCs.

Programs Targeting Intentional and Unintentional Injury

R. INTENTIONAL INJURY PREVENTION - VIOLENCE PREVENTION

The EMS/Injury Research and Prevention Program provides statewide data, educational resources, funding, technical support, and leadership in public health methods to groups working for the prevention of violence. This category includes interpersonal violence, school violence, child abuse, date rape, violence against women, and workplace violence, among others. To facilitate violence prevention initiatives within communities, staff assist to organize training events and presentations, provide access to key agencies, offer inter-agency mentoring, and promote the creation of local groups.

Prevention of sexual violence through support of local and statewide volunteer agencies is an ongoing project. In addition to direct services for victims, the agencies also work to achieve coordination within the medical and legal systems to minimize victim trauma. The agencies challenge communities to examine attitudes and actions which implicitly support violence against women, and to replace that implicit support with explicit support of non-violence. The EMS/Injury Research and Prevention Program provides information on outreach to media, faith-based communities, athletic organizations, businesses, universities, and other groups which can use their authority to change community norms concerning violence toward women and children.

S. UNINTENTIONAL INJURY PREVENTION - COMMUNITY INJURY PREVENTION

Unintentional injuries are the leading cause of death for Louisiana residents 1 to 44 years of age, and the fourth leading cause of all deaths. The EMS/Injury Research and Prevention Program supports nine Regional Coordinators and a State Injury Prevention Coordinator who facilitate and provide education and resources for community programs to address injuries and/or deaths from unintentional injuries among children. Examples of preventive areas include: Use of All Terrain Vehicles (ATVs); Choking & Suffocation; Drowning; Falls; Use of Firearms; Fire & Burns; Poisoning; Use of Motor Vehicles; and Sleep-related Infant Deaths.



The Community Injury Prevention Program reviews the existing injury prevention curriculum and tailors information to fit the specific needs of agencies that serve school-aged children in the state. The curriculum addresses the importance of wearing seat belts and bicycle helmets, pedestrian and traffic safety, home safety, drowning prevention, fall prevention, and playground safety. In addition the curriculum includes fact sheets regarding data specific to injuries, prevention tips, and laws in Louisiana.

Several local, state, and federal agencies have missions related to injury prevention. Examples are the U.S. Coast Guard, law enforcement, the state Department of Wildlife and Fisheries, North and South Louisiana Area Health Education Center (AHEC), Christus St. Francis Cabrini Hospital, Family Voices, Maternal and Child Health Coalition, and Options For Independence. The Program joins with these groups to maximize messages and provide public health perspectives to safety programs.

For more information about the Community Injury Prevention Program, the EMS/Injury Research and Prevention Program may be contacted at (504) 568-2509.

Programs Targeting Pre-hospital Emergency Medical Services

T. EMERGENCY MEDICAL SERVICES (EMS)

Certified emergency medical personnel may be found in a variety of public safety and first response settings which vary from large multi-parish ambulance services to town volunteer fire departments. EMS personnel are the first line of critical medical assistance for many individuals. They respond to incidents of drowning, heart attacks, industrial injuries, automobile crashes, and childbirth, among other incidents. Their pre-hospital actions often mean the difference between additional disability or death.

Assuring that these pre-hospital healthcare professionals receive appropriate training, examination and certification is the responsibility of the OPH EMS section.

The approximate 20,000 EMS students and personnel in Louisiana are dependent on testing and national certification handled by and through the section. In any one year, approximately 3,000 to 5,000 of these individuals are processed by the section for initial certification or for bi-annual recertification, as required by national standards. For real-time clinical testing, the section supervises an additional temporary corps of about 400 trained contract personnel as examiners and victims. While written test scoring and registration are handled by the national organization, this section offers credentials for practice to those



eligible. The section is the repository of all certification data, and frequently must respond to pre-employment queries. EMS instructors must also be trained and certified through the section.

The OPH/EMS section provides leadership in domestic disaster preparedness in the pre-hospital setting. Working for seamless utilization of personnel, resources, and communications, the section collaborates closely with entities such as the Office of Emergency Preparedness; the Louisiana State Police; the Office of the State Fire Marshal; the Commission on Highway Safety; state pediatric, trauma, and emergency room physicians and nursing organizations; and the military. The section also participates in traffic safety planning; creation of a State Trauma Plan; management of a unified EMS data reporting system; and training citizens, industrial employees, and others as First Responders.

The Section staffs the EMS Certification Commission, which reviews charges of practice irregularities by individuals and maintains records of the review outcomes.

Emergency Medical Services for Children: EMS-C

To serve children better, the EMS Section directs additional training toward childhood emergencies, including children with special needs. As a leader of the Governor's Council on EMS and Children, the section has published and distributed recommendations for child-sized or child-specific ambulance and emergency room equipment and standards for daycare first-aid and cardiopulmonary resuscitation (CPR). The section has trained emergency personnel in communicating with and understanding the needs of the child patient and his/her family, and in managing equipment used by children with special needs.

Safety training in fire and burn prevention and use of 911 has been provided to thousands of children in Head Start programs and grammar schools through EMS-C. This programming includes education and family safety information for parents and daycare personnel.

Programs Targeting Mental Health

U. SUICIDE ASSESSMENT

The DHH OFFICE OF MENTAL HEALTH (OMH) provides a comprehensive crisis intervention program throughout the state for all citizens who may experience thoughts of suicide, as well as other signs and symptoms of a mental health crisis. This system includes crisis telephone lines with toll-free numbers, a Single Point of Entry system for those who need face-to-face evaluation, hospital diversionary programs (such as respite), or acute hospitalization.



Mental Health professionals conduct a suicide assessment of any client who presents to the system with emotional or behavioral problems, or with symptoms of severe mental illness. Additionally, all paraprofessionals who work with mentally ill clients are trained in the mental health assessment of potential suicide. These assessments include current ideations of self-harm, plans for self-harm, and whether the individual has the means to harm him/herself. Immediate steps are taken to protect that individual when suicide potential is indicated by the mental health assessment. Additionally, the assessment includes past history of suicidal ideation, an assessment of the severity of previous attempts, and the emotional and environmental factors surrounding previous suicidal issues for the consumer.

V. OFFICE OF MENTAL HEALTH (OMH) PROGRAMS

Acute Unit

The acute care psychiatric inpatient units provide psychiatric, psychosocial, and medical services in compliance with all licensing and accreditation standards in order to meet the individualized patient needs of adult and adolescent patients in the State of Louisiana who require a level of care which must be rendered in an inpatient setting. These units address the need for inpatient treatment in a less restrictive, shorter term, and more cost effective manner than in the state's longer term care psychiatric facilities.

Specialized Inpatient Services

OMH operates four state psychiatric facilities which provide mental health evaluation, treatment, and rehabilitation services to adults with severe and persistent mental disorders and to child/adolescent clients with serious emotional/behavioral disorders.

Clinic-based Services

OMH currently has an annual caseload of over 43,000 individuals with serious and persistent mental illness. This caseload includes children and youth with serious emotional disturbances receiving outpatient mental health services through the operation of licensed Community Mental Health Centers (CMHCs) and their satellite outreach clinics located throughout the eight OMH geographic regions and the two service district regions. The CMHC facilities provide an array of services: screening and assessment; emergency crisis care; individual evaluation and treatment; medication administration and management; clinical casework services; specialized services for children and adolescents, the criminal justice system, and the elderly; and pharmacy services. Inability to pay does not have an impact on the receipt of services.

Crisis Management Services

Crisis services are provided on a 24-hour basis. These services are designed to provide a quick and appropriate response to individuals who are experiencing acute distress. Crisis services include



telephone counseling and referrals, face-to-face screening and assessment, community housing for stabilization, and crisis respite.

Day Programs and Psychosocial Rehabilitation Programs

Psychosocial programs and day treatment programs provide opportunities for teaching new rehabilitative skills related to community living and work activities; build networks of peer support; teach self-help community activities; and provide a place where individuals can learn how to relate to persons and communicate their needs and desires successfully. In addition, day programs provide secure, structured environments where individuals experiencing disruption in routine behaviors brought on by their illness can receive treatment and support. Day programs also provide structured activities which allow children and adolescents with severe emotional disturbances to continue along their educational path.

Support Services

Supported living services, either through specialized residential programs or through case management and other services which support persons living in their own homes, are available throughout Louisiana. Individuals with serious psychiatric disabilities are provided with services necessary to address their housing, employment, and mental-health rehabilitative needs.

Programs Targeting Environmental Health

W. COMMUNITY WATER FLUORIDATION

Currently, 54.9 percent of the United States population served by public water systems is serviced by optimally fluoridated water systems. Renewed effort has been undertaken to reach the CENTERS FOR DISEASE CONTROL AND PREVENTION'S Healthy People 2000 goal of optimally fluoridating 75 percent of the population's water supply. Community water fluoridation efforts have been re-established with recent legislation, ensuring a stable OFFICE OF PUBLIC HEALTH (OPH) Fluoridation Program. The program will oversee monitoring and evaluation of current systems, provide training, and assist in promotional activities in collaboration with the ORAL HEALTH PROGRAM, the CENTER FOR ENVIRONMENTAL HEALTH SERVICES of OPH, and the newly established FLUORIDATION ADVISORY BOARD. This board will function to secure additional resources needed to implement fluoridation systems created as a result of promotional activities. The Parish of Plaquemines and the City of Amite, Louisiana have recently passed ordinances to implement community water fluoridation with the potential to reach an additional 31,000 state residents.



X. ENVIRONMENTAL HEALTH ADVISORIES

The OPH SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY (SEET) issues fish consumption advisories in consultation with state environmental agencies when chemicals or heavy metals in sport fish reach levels that could potentially harm the public.

Mercury in Fish

SEET works with the Louisiana Department of Environmental Quality (DEQ) and Louisiana Department of Wildlife and Fisheries (DWF) to assess the extent of mercury contamination in fish. Methyl mercury, a metal compound sometimes found in fish, can cause birth defects and neurological problems when present at high levels. DEQ collects and samples fish from water bodies that are selected based on their pH, usage, and SEET recommendations. SEET's Health Advisor then coordinates a risk analysis, and, if warranted, the State Health Officer issues a fish consumption advisory for specific species of fish. Of nearly 300 water bodies tested to date, 30 health advisories for fish containing mercury have been issued. These advisories cover at least 45 freshwater bodies in or traversing 36 parishes, and include an advisory on king mackerel for parishes along the Gulf of Mexico.

Y. ENVIRONMENTAL HEALTH EDUCATION

Health Effects Related to Pesticide Exposure

In an effort to educate Louisiana residents about pesticides, a multi-agency workgroup developed a pamphlet for statewide distribution. The pamphlet, "What You Need to Know About Pesticides and Your Health in Louisiana", was jointly developed by SEET, the Louisiana Department of Agriculture and Forestry (DAF), and the Louisiana Environmental Action Network (LEAN). The U.S. Environmental Protection Agency funded printing and distribution costs.

The pamphlet discusses health effects related to commonly used pesticides, how pesticide exposure occurs, what a person should do if exposed to a pesticide, laws regulating the use and application of pesticides, and how to file a Health-Related Pesticide Incident Report with LDAF. Distribution of the pamphlet will occur through parish health units, state libraries, the Louisiana Cooperative Extension Service, colleges and universities, and organizations and agencies working in the area of environmental health.

Mercury in Fish

DHH/DEQ/DAF/DWF entered into an interagency agreement in 1997 to determine jointly which water bodies in Louisiana needed health advisories based on levels of environmental contamination, particularly



from mercury. That same year, the Louisiana Legislature provided funding to assess mercury levels in recreationally caught fish and to offer free blood-screening services in parishes where high levels of mercury had been identified. In 2003, SEET returned to one of these areas to offer blood mercury screening to commercial fishers and their families and others who eat fish from local water bodies.

SEET, working jointly with representatives of the SIERRA CLUB and the Louisiana AUDUBON COUNCIL, produced two informational brochures, one for the general public and the other directed specifically toward pregnant or breastfeeding women and mothers of small children. The publications were widely distributed throughout Louisiana by obstetrician/gynecologists' and pediatricians' offices as well as parish health units. The environmental organizations continue to work closely with the Legislature and the state departments to inform the public about the potentially harmful effects of mercury and other contaminants on people's health.

Health Professional Education Sub-Program

www.oph.dhh.state.la.us/environmentalepidemiology/envirhlth

SEET conducts Health Professional Education as part of its educational activities. Training is targeted toward physicians and other health professionals located near Superfund and proposed Superfund sites who would potentially receive case studies from the federal Agency for Toxic Substances and Disease Registry (ATSDR). Information provided focuses on site contaminants, health effects from exposure, and clinical descriptions of the diagnosis and management of cases of chemical exposure. SEET's Health Education Program also offers environmental health education to the public and to the medical profession concerning health effects of contaminants from hazardous waste sites and other sources. It develops, publishes, and distributes environmental health education materials; prepares and presents environmental health information to schools, physicians and communities; and coordinates with other state educational programs regarding current environmental health projects and issues.

Since 1996, SEET has disseminated ATSDR case studies to over 4,000 Louisiana physicians in 20 parishes.

Private Well Brochure

www.oph.dhh.state.la.us/engineerservice/ssafewater/docs/water_brochure.pdf

In 2002, a brochure titled "Private Water Well Testing in Louisiana" was written and printed. In this printing, 10,000 copies were produced by OPH. This brochure provides the owner/user of the private well with answers to the following questions: how to protect your well water supply, when to test the water, how to test the water, and what contaminants should be tested for. It also provides instructions for sanitarian services and registering your well. In addition, various contact numbers and related Internet links are provided.



Indoor Air Quality Education

www.oph.dhh.state.la.us/environmentalepidemiology/emergencyresponse

SEET provides consultations for indoor air quality (IAQ) complaints and inquiries. Telephone consultations generally consist of a discussion of the complaint/inquiry followed by an appropriate referral, if any is indicated. Complainants may also be directed to the OPH/SEET "Indoor Air Quality and Mold Information" webpage for IAQ information, or if they lack Internet access, information will be mailed to them. With the approval of the Executive Director of the OPH Center for Environmental Health Services and the Assistant Secretary of OPH, SEET staff may conduct indoor air investigations. LDEQ and LDAF may provide environmental sampling assistance when requested by SEET.

In 2003, 1,064 IAQ consultations were provided to the residents of Louisiana. Complaints and requests for information originate from the following: private residences (homeowners, renters, landlords); state-owned buildings in Louisiana; schools (teachers, parents, principals, school boards); universities (students, parents); businesses and government agencies (employees, managers, building managers, health and safety professionals); health care facilities, nursing homes and other residential care facilities (physicians, nurses); the media; attorneys; legislators; and others.

Other accomplishments in 2003 include: presenting a mold lecture at the 2003 Tulane Environmental Law Conference; presenting a mold lecture for OPH Grand Rounds; publishing the article, "The Effects of Mold Exposure on Health," in the *Louisiana Morbidity Report* (Jan.-Feb. 2004); and developing a database for tracking IAQ consultations.

Environmental Health Emergency Response Programs

www.oph.dhh.state.la.us/environmentalepidemiology/emergencyresponse

Environmental Public Health Emergency Preparedness & Response (EEPR)

Accidental releases, explosions, and other chemical releases occur each year in Louisiana. SEET evaluates the public health threat of selected events and provides needed information and recommendations to affected communities, hospitals, and physicians treating exposed individuals. During an event, EEPR staff also generate maps of the incident location and surrounding locations of interest for use by regional and central office personnel.

SEET maintains a surveillance system of emergency chemical releases in the state by screening event notifications from the Louisiana State Police, DEQ, and the National Response Center of the U.S. Coast Guard. During a hazardous materials release which affects or threatens the public's health, incident briefs, chemical information, and treatment guidelines are provided to hospital emergency departments in the impacted area. The program also generates maps of incident locations pinpointing critical facilities that could potentially be impacted. In 2003, SEET responded to 10 major emergency chemical events.

**Chemical Terrorism (CT)**

In 2002, SEET established a Chemical Augmentation Team (CAT), which is a specialized, interdisciplinary response unit that can be rapidly mobilized and deployed at the regional or state level to assess and evaluate the potential for adverse health outcomes to the public during large scale catastrophic events involving chemical weapons of mass destruction (WMDs) or accidental releases of hazardous chemicals. The CAT provides emergency-response expertise to the Public Health Incident Response Teams (IRTs), the OPH Assistant Secretary, and the State Health Officer in the areas of toxicology, epidemiology, human health risk assessment, exposure assessment, environmental health, Geographical Information Systems (GIS) mapping of public health data, information systems management, health surveillance, and medical monitoring. The CT program also tracks all Poison Control Center data for terrorist activities.

The team helps prevent or minimize harmful public health consequences both during and after a chemical event through: provision of technical support to the IRT and others as assigned; planning and conducting environmental sampling for public health purposes; review of sampling results and the assessment of exposure due to chemical events; provision of public input into event management, response, and follow-up; provision of community health education; and risk communication.

Poison Control Center Notifications Sub-Program

SEET receives daily notifications of Poison Control Center cases that involve exposure to chemicals and maintains a database with the details of each exposure. Those incidents that occurred on the job or in a public place are referred for follow-up. This is a sub-program of both the CT Program and the Pesticide Surveillance (PS) Program.

Geographical Information System (GIS) Program

The GIS Program maintains public health relevant location databases used in the generation of maps and for special SEET projects. SEET maintains these databases at its offices in New Orleans. Maps generated by the program can be used by emergency responders when dealing with accidental chemical releases and/or terrorism as well as by agency personnel during local and statewide drills. Additionally, the program plans to function as a resource for all GIS projects in the Center for Environmental Health Services.

Hazardous Substances Emergency Events Surveillance Project

www.oph.dhh.state.la.us/environmentalepidemiology/HSEES

In August 2000, SEET was awarded funds from ATSDR to participate in the latter's Hazardous Substances Emergency Events Surveillance (HSEES) project. Fourteen other states also participate in this project. SEET collects information on hazardous substance releases and enters it into a



comprehensive database, which includes hazardous substance releases to the air, water, and land, threatened releases that lead to public health actions, and associated health consequences including evacuations, injuries, and deaths. The database expands upon release data collected by the National Response Center, DEQ, and the Louisiana State Police. SEET collects public health information which focuses on the impact of releases on the population, e.g., injuries, medical care, evacuations, and in-place sheltering. In 2002, SEET screened over 8,000 events; of those, a total of 1,877 were entered initially to the HSEES database system. Out of the 1,877 events, 752 (40.1 percent) met the criteria for inclusion in the Louisiana HSEES database. Over 9,000 events were screened in 2003, with a total of 1,885 entered into the HSEES database. Of those 1,885 events, 721 (38.2percent) met the criteria for inclusion in the Louisiana HSEES database.

The HSEES System's ultimate purpose is to provide data that can be used to reduce the injuries and fatalities resulting from hazardous substances emergency releases. In collecting these health-specific data, SEET hopes to target its efforts to prevent further adverse health consequences and diminished quality of life from emergency hazardous releases/spills in Louisiana. By focusing on human health outcomes of hazardous substances emergency events, SEET seeks to provide descriptions of the health consequences to employees, first responders, and the public. Through identifying risk factors associated with injuries and deaths which result from the releases of hazardous substances, strategies can be developed to reduce such consequences.

